

**Survivors Online: A netnographic analysis of the
emerging role played by the Internet as a source
of support for survivors of sexual violence**

JENNIFER YEAGER

**A thesis submitted in partial fulfillment of the
requirements of the University of East London's
Degree of Doctorate of Philosophy**



October 2012

Abstract

This thesis examined the use of the Internet as a source of support for survivors of sexual violence. Overall, the results of the thesis provided an in-depth analysis of how the use of an online support group is beneficial in terms of support for survivors of sexual violence due to the safety afforded by anonymity, control of presentation and interactions, and emotional meaningfulness of the contact between members.

This exploratory research illustrated how survivors use online support to cope with victimization, indicating that online support groups offer a unique context in which new beliefs and ideas about problems can be constructed. More specifically, using data collected from an online support group (“Survivors Online”) for survivors of sexual violence, the thesis incorporates three studies. The first study elicited stories, in the form of narratives about the survivors’ experiences of social support, to inform as to why these survivors have turned to an Internet group for that support. Understanding how survivors make meaning from their experiences of sexual violence is essential in understanding the impact of sequelae and subsequent coping.

Study two examined how the site functions to allow for the provision of social support by determining the quality and quantity of support messages exchanged on the most popular message board on the site. The data showed that the support group is beneficial in alleviating the psychosocial sequelae related to stressful life events.

Finally, study three assessed how survivors use the Internet to seek social support by documenting the site members’ type of Internet usage (e.g., email, chat rooms, etc.), effects of usage on the survivors (such as whether the support site has changed how they use conventional methods of support), and how the support received is viewed by the members of Survivors Online (in terms of the perceived best and worst aspects of Internet support). The results suggested that the online support site is a valuable tool where survivors can receive and

provide social support with people experiencing similar issues. However, the results also indicated that, for some people, there are disadvantages associated with relying on online social support.

Acknowledgements

It feels quite bizarre to actually have reached the stage where I am writing my acknowledgements for this thesis. At the top of my list to thank are my parents, who raised me to believe that no goal was out of my reach. They have never faltered in their support throughout the years, and if I pass on the same level of security and confidence to my children I will have been a successful parent.

Secondly, thank you to my husband, Wyatt, who has been a pillar of strength in getting me from the beginning of my undergraduate days to the completion of my postgraduate work. The completion of this PhD is just as much his success as mine, as I truly never would have been able to do it without his love and belief in me.

To the two smallest (but brightest!) lights in my life, Freyja and Scarlett - I love you more than words can ever express. You have truly taught Dr. Mommy the meaning of unconditional love.

To my original supervisor, Liz Dunne (R.I.P.), thank you for starting this journey with me and helping to get me on the right track with my research. You were a true inspiration and one of the most dedicated psychologists I have ever met. And, to Irina Anderson - how I can begin to thank you for being willing to take on board a student halfway through her research? I am beyond grateful for your willingness to work with me, and your immediate ability to understand and facilitate my research. I am truly thankful to have had your support and expertise to guide me to the finish line, without which I would have been seriously lost.

And, finally, to all of the survivors of sexual violence who contributed to this research (and those who I have yet to meet); this thesis would not have been possible without your bravery and willingness to share your story. I have strived to do your stories justice and to bring your message to the wider community. On a personal level, your incredible resilience has taught me just how important social support is in life – and how unbelievably grateful I am to my family, friends and colleagues for their support in me.

Put simply – thank you.

List of conferences and publications

Conferences

Yeager, J. (2007, June). *Using narrative analysis to analyze interviews with rape and sexual abuse survivors*. Paper presented at The Narrative Practitioner: Developing Excellence in Research Education and Practice Conference, Wrexham, UK

Yeager, J. (2008, March). *Sexual Aggression in Intimate Relationships: How do women who have experienced rape and sexual abuse by intimate partners explain what has happened to them in conversation?* Paper presented at the Family Aggression: Causes & Consequences First Biennial Conference of the International Family Aggression Society, Lancashire, UK

Yeager, J. (2010, April). *A narrative analysis of why survivors of sexual violence seek social support online*. Poster presented at the Social Networking in Cyberspace Conference, Wolverhampton, UK

Yeager, J. (2010, May). *Coping in cyberspace: youth's use of an Internet support group for survivors of sexual violence*. Paper presented at the eYouth: Balancing between opportunities and risks conference, Antwerp, Belgium.

Yeager, J. (2010, July). *Male Survivors of Sexual Violence in Cyberspace: Stories of Resilience*. Paper presented at the Visions of Humanity in Cyberculture, Cyberspace and Science Fiction 5th Global Conference, Oxford, UK.

Yeager, J. (2012, May). *Survivors' use of narratives online*. Paper presented at the 1st Global Conference Storytelling: Global reflections on narrative, Prague, Czech Republic.

Publications

Yeager, J. & Fogel, J. (2006). Male disclosure of sexual abuse and rape in primary care. *Topics in Advanced Practice Nursing eJournal*, 6(1). Retrieved from: <http://www.medscape.com/viewarticle/528821>.

Yeager, J. (2011). A content analysis of an online support group for survivors of sexual violence. In A. Smedberg, *E-Health Communities and Online Self-Help Groups: Applications and Usage* (in press). Hershey, PA: IGI Global.

Yeager, J. & Anderson, I. (submitted). Applying netnography to psychological research: The suitability for examining an online support site for survivors of sexual violence. *Computers in Human Behavior*.

Yeager, J. & Anderson, I. (in press). Using narrative analysis to inform about female and male sexual victimization. In C. Squire (Ed.), *Narratives and Social Change*.

TABLE OF CONTENTS

| | |
|--|------------|
| TERMINOLOGY | XII |
| CHAPTER 1 – Introduction | 1 |
| 1.1 Overview | 2 |
| 1.2 Introduction | 2 |
| 1.3 Purpose of the study | 4 |
| 1.4 Background and significance | 7 |
| 1.5 Rationale for the study | 8 |
| 1.5.1 Epistemology | 9 |
| 1.5.1.1 Positivism and social constructionism | 9 |
| 1.5.1.2 Weak social constructionism | 10 |
| 1.5.1.3 Language and weak social constructionism | 12 |
| 1.5.1.4 Mixing methods and weak social constructionism | 13 |
| 1.6 Research questions | 16 |
| 1.7 Thesis summary | 20 |
| CHAPTER 2 – Literature review | 25 |
| 2.1 Introduction | 26 |
| 2.2 Part One: Prevalence of sexual violence | 27 |
| 2.2.1 Definitions of sexual violence | 28 |
| 2.2.1.1 What is sexual violence? | 28 |
| 2.2.1.2 Definitional issues | 29 |
| 2.2.2 Disclosure of sexual violence | 35 |
| 2.2.3 Summary | 37 |
| 2.3 Part Two: The psychosocial sequelae of sexual violence | 38 |
| 2.3.1 PTSD/Depression | 39 |
| 2.3.2 Substance abuse | 40 |
| 2.3.3 Other consequences | 41 |
| 2.3.4 Male survivors | 43 |
| 2.3.5 Summary | 45 |
| 2.4 Part Three: Social support | 46 |
| 2.4.1 Stress buffer model of social support | 48 |
| 2.4.2 Social support as a buffer to the psychosocial sequelae of sexual violence | 51 |
| 2.4.2.1 Measuring social support as a buffer to stress | 53 |
| 2.4.3 Unsupportive behavior/reactions to disclosure | 54 |
| 2.5 Part Four: Online support groups | 57 |
| 2.5.1 Advantages of online social support | 58 |
| 2.5.2 Disadvantages of online social support | 62 |
| 2.5.3 Online support groups for survivors of sexual violence | 62 |
| 2.5.4 Theoretical framework | 63 |
| 2.5.4.1 Virtual ethnography/Netnography | 64 |
| 2.5.4.2 Multi-method framework | 65 |
| 2.6 Summary and justification for the present study | 66 |
| CHAPTER 3 – Methodology | 69 |
| 3.1 Overview | 70 |
| 3.1.1 Online ethnography/netnography | 70 |
| 3.1.2 Reflexivity | 73 |
| 3.1.2.1 Reflexive preface | 74 |
| 3.2 Step 1: Entrée | 78 |
| 3.2.1 Online ethical issues | 80 |

| | | |
|------------|--|-----|
| 3.2.2 | An overview of the website | 82 |
| 3.2.2.1 | Moderators | 87 |
| 3.2.2.2 | Board statistics | 89 |
| 3.3 | Step 2: Data collection | 93 |
| 3.3.1 | Study one: Elicited data (<i>A narrative analysis of interviews with survivors of sexual violence</i>) | 93 |
| 3.3.1.1 | Participants | 93 |
| 3.3.1.2 | Data collection | 95 |
| 3.3.1.2.1 | Interview | 97 |
| 3.3.1.2.2 | Semi-structured interview format | 105 |
| 3.3.2 | Study two: Archival data (<i>A content analysis of posts on the support site</i>) | 107 |
| 3.3.3 | Study three: Elicited data (<i>A content analysis of an Internet usage survey with survivors of sexual violence</i>) | 109 |
| 3.3.3.1 | Participants | 109 |
| 3.3.3.2 | Data collection | 111 |
| 3.4 | Step 3: Data analysis and interpretation | 114 |
| 3.4.1 | Multi-methods and triangulation | 114 |
| 3.4.2 | Study one: <i>A narrative analysis (NA) of interviews with survivors of sexual violence</i> | 118 |
| 3.4.2.1 | Procedure | 118 |
| 3.4.2.2 | Validating a narrative analysis | 120 |
| 3.4.3 | Study two: <i>A content analysis of posts on the support site</i> | 123 |
| 3.4.3.1 | Content analysis | 123 |
| 3.4.3.1.1 | Directed content analysis | 124 |
| 3.4.3.2 | Procedure | 125 |
| 3.4.3.2.1 | Step C: The unit of analysis | 126 |
| 3.4.3.2.2 | Step D: Coding framework | 126 |
| 3.4.3.2.2 | Step E: Train coders | 128 |
| 3.4.3.2.3 | Step F: The coding process | 128 |
| 3.4.4 | Study three: <i>A content analysis of an Internet usage survey with survivors of sexual violence</i> | 130 |
| 3.4.4.1 | Conventional content analysis | 130 |
| 3.4.4.2 | Procedure | 131 |
| 3.5 | Step 4: Research ethics and member checks | 131 |
| 3.5.1 | Ethics | 134 |
| 3.5.1.1 | Informed consent | 134 |
| 3.5.1.2 | Minimizing harm to respondents and researchers | 135 |
| 3.5.1.3 | Maximizing benefits to participants and communities (beneficence) | 136 |
| 3.6 | Conclusions | 138 |

CHAPTER 4 – Study 1: A narrative analysis of interviews with survivors of sexual violence **139**

| | | |
|------------|---|-----|
| 4.1 | Results | 140 |
| 4.1.1 | Constructions of others and relationships | 141 |
| 4.1.1.1 | Disclosure of abuse | 141 |
| 4.1.1.2 | Blame | 150 |
| 4.1.2 | Constructions of self/identity | 164 |
| 4.1.3 | Constructions of online social support | 184 |
| 4.1.4 | Summary | 197 |
| 4.1.5 | Limitations of the present study | 197 |
| 4.2 | Discussion | 200 |
| 4.2.1 | Constructions of others and relationships – Disclosure of abuse and blame | 201 |
| 4.2.2 | Constructions of self/identity | 205 |
| 4.2.3 | Constructions of online social support | 209 |
| 4.2.4 | A summary of the discussion of social support | 211 |

| | | |
|-------|--|-----|
| 4.2.5 | Study implications for future research | 214 |
| 4.3 | Conclusion | 216 |

CHAPTER 5 – Study 2: A content analysis of posts on the support site **217**

| | | |
|------------|--|-----|
| 5.1 | Overview | 218 |
| 5.2 | Results | 220 |
| 5.2.1 | Aim 1a: Frequency of support behaviors | 223 |
| | 5.2.1.1 Interrater reliability | 224 |
| 5.2.2 | Aim 1b: Textual examples of the type of support behaviors | 226 |
| 5.2.2.1 | Information support | 227 |
| | 5.2.2.1.1 Suggestions/advice | 227 |
| | 5.2.2.1.2 Referrals | 227 |
| | 5.2.2.1.3 Situational appraisals | 228 |
| | 5.2.2.1.4 Teaching | 229 |
| 5.2.2.2 | Tangible support | 231 |
| | 5.2.2.2.1 Direct task | 231 |
| | 5.2.2.2.2 Active participation | 231 |
| | 5.2.2.2.3 Willingness | 232 |
| 5.2.2.3 | Esteem support | 233 |
| | 5.2.2.3.1 Compliments | 233 |
| | 5.2.2.3.2 Validation | 234 |
| | 5.2.2.3.3 Relief of blame | 233 |
| 5.2.2.4 | Network support | 235 |
| | 5.2.2.4.1 Access | 236 |
| | 5.2.2.4.2 Presence | 237 |
| | 5.2.2.4.3 Companions | 237 |
| 5.2.2.5 | Emotional support | 239 |
| | 5.2.2.5.1 Relationship | 239 |
| | 5.2.2.5.2 Physical affection | 240 |
| | 5.2.2.5.3 Sympathy | 240 |
| | 5.2.2.5.4 Understanding/empathy | 241 |
| | 5.2.2.5.5 Encouragement | 241 |
| | 5.2.2.5.6 Prayer | 242 |
| 5.2.2.6 | Combinations of support types | 243 |
| 5.2.3 | Aim 2: Comparison of the frequency of social support categories in the present and other studies | 245 |
| 5.3 | Discussion | 250 |
| 5.3.1 | Prevalence of supports in this study | 250 |
| 5.3.2 | The social support needs of survivors (as compared to people with disabilities, Huntington's Disease and HIV/AIDS) | 256 |
| 5.3.3 | Unique support needs of survivors in the present study | 258 |
| 5.3.4 | Limitations of the present study and future research | 261 |
| 5.4 | Conclusion | 262 |

CHAPTER 6 – Study 3: A content analysis of an Internet usage survey with survivors of sexual violence **263**

| | | |
|------------|--|-----|
| 6.1 | Introduction | 264 |
| 6.2 | Results | 265 |
| 6.2.1 | Aim 1: Type of usage | 265 |
| 6.2.2 | Aim 2: Effects of usage | 268 |
| 6.2.3 | Aim 3: How the respondents view online support | 276 |
| 6.2.4 | Advantages of online social support | 283 |
| | 6.2.4.1 Accessibility | 283 |
| | 6.2.4.2 Anonymity | 286 |
| | 6.2.4.3 Support | 288 |

| | | | |
|------------|---------|--|-----|
| | 6.2.4.4 | Control | 289 |
| 6.2.5 | | Disadvantages of online social support | 291 |
| | 6.2.5.1 | Lack of physicality | 291 |
| | 6.2.5.2 | Overwhelming content | 291 |
| | 6.2.5.3 | Negative features of social support | 293 |
| 6.3 | | Discussion | 295 |
| 6.3.1 | | Limitations and future research | 302 |
| 6.4 | | Conclusion | 305 |

CHAPTER 7 – Overall discussion and conclusions **306**

| | | |
|------------|---|-----|
| 7.1 | Introduction | 307 |
| 7.2 | Limitations and future research | 309 |
| 7.3 | Netnographic methodology | 311 |
| 7.3.1 | Reflexivity | 314 |
| 7.4 | Social support | 315 |
| 7.4.1 | Optimal matching theory | 317 |
| 7.4.2 | Text-based social support | 318 |
| 7.4.3 | Anonymity | 320 |
| 7.5 | Gender | 323 |
| 7.6 | Overall implications for professionals working with survivors of sexual violence | 325 |
| 7.7 | Conclusion | 326 |

BIBLIOGRAPHY **328**

APPENDICES **350**

| | | |
|-----------|--|-----|
| A: | Introductory recruitment message posted to the online support site | 351 |
| B: | Interview schedule | 352 |
| C: | Survey of background information | 354 |
| D: | Moderator's message posted to the "My Voice" forum | 355 |
| E: | Post requesting participants for study three | 357 |
| F: | Complete list of forums on Survivors Online | 358 |
| G: | Brief explanation of thematic categories | 359 |
| H: | Fieldnote excerpts | 360 |
| I: | Ethical approval form | 365 |
| J: | Study 2 worked example of coding process | 366 |
| K: | Study 2 additional statistical information | 369 |
| L: | Study 3 survey | 370 |
| M: | Study 3 worked example of coding process | 375 |
| N: | Study 3 additional statistical information | 377 |

LIST OF TABLES AND FIGURES

LIST OF TABLES

| | | |
|------|---|-----|
| 2.1 | Comparison chart between official surveys | 33 |
| 3.11 | Board statistics from survivors online | 89 |
| 3.12 | Gender of members | 89 |
| 3.16 | Participant's demographic information | 94 |
| 3.23 | The <i>Social Support Behavior Code</i> (Cutrona and Suhr, 1992, p.161). | 127 |
| 6.5 | How participants use the Internet for coping | 269 |
| 6.7 | How the Internet has changed participants' health, contact and happiness in percentages | 270 |
| 6.8 | How the Internet has changed participants' health, contact and happiness in frequencies and percentages by gender | 271 |
| 6.10 | Likelihood of participants to seek therapy in frequencies and percentages by gender | 273 |
| 6.12 | Online interactions in frequencies and percentages by gender | 274 |
| 6.14 | "Being online" in frequencies and percentages by gender | 277 |
| 6.16 | Frequency of advantages and disadvantages of online social support by gender | 279 |

LIST OF FIGURES

| | | |
|------|---|-----|
| 3.1 | Flow of a netnographic research project (Kozinets, 2010, p.61) | 72 |
| 3.2 | Sample profile on Survivors Online | 80 |
| 3.3 | <i>New Yorker</i> (1993) cartoon by Peter Steiner | 81 |
| 3.4 | Cartoon altered by Jennifer Yeager (2010) | 81 |
| 3.5 | Survivors Online welcome page | 82 |
| 3.6 | Survivors Online introduction page | 83 |
| 3.7 | Public: Wonderful threads forum | 85 |
| 3.8 | Public: "Who deserves to be here?" topic | 86 |
| 3.9 | Jes's personal information page | 87 |
| 3.10 | Moderator information page | 88 |
| 3.13 | Number of registrations on Survivors Online from May 2009 – May 2010 | 90 |
| 3.14 | New topics started by site members from May 2009 – May 2010 | 91 |
| 3.15 | Number of posts created on the forum from May 2009 – May 2010 | 92 |
| 3.17 | A user's buddy list and Instant Messenger window (AOL Instant Messenger service) | 102 |
| 3.18 | The interviewer and respondent's screens during an online conversation (Figure reproduced from Chen & Hinton, 1999) | 103 |
| 3.19 | Gender of respondents | 109 |
| 3.20 | Highest completed education level of respondents | 110 |
| 3.21 | Current occupation of respondents | 110 |
| 3.22 | Age of respondents | 111 |
| 5.2 | Number of threads started | 222 |
| 5.3 | Number of replies to overall posts | 223 |
| 5.5 | Support types coded across total posts | 225 |
| 6.1 | Computer location | 266 |
| 6.2 | Internet facility most often accessed | 266 |

| | | |
|------|--|-----|
| 6.3 | How often participants access the Internet for coping | 267 |
| 6.4 | Participants' main reasons for using the Internet | 268 |
| 6.6 | How participants use the Internet for coping | 270 |
| 6.9 | How the Internet has changed participants' health, contact and happiness by gender | 272 |
| 6.11 | Likelihood of participants to seek therapy by gender in percentages | 273 |
| 6.13 | Online interactions by gender | 275 |
| 6.15 | "Being online" in frequencies and percentages by gender | 278 |
| 6.17 | Frequencies of overall categories of advantageous support by gender | 281 |
| 6.18 | Frequencies of overall categories of disadvantageous support by gender | 282 |

TERMINOLOGY

Several terms will be defined to facilitate understanding of their application throughout this thesis.

1. Sexual violence

Defining sexual violence is one of the most controversial issues in research on this topic (Basile & Saltzman, 2009; Muehlenhard et al., 1992)¹. Based on recommendations in the literature, the term “sexual violence” here is used to represent behaviors that represent nonconsensual sexual acts (Basile & Saltzman, 2009; Hearn, Andersson, & Cowburn, 2007). These behaviors can include:

Completed or attempted penetration of the genital opening or anus by the penis, a hand, a finger, or any other object, or penetration of the mouth by the penis or other object. Sexual violence also includes non-penetrative abusive sexual contact (e.g., intentional touching of the groin), as well as non-contact sexual abuse (e.g., voyeurism, exposure to pornography). Sexual violence occurs when the victim does not consent to the sexual activity, or when the victim is unable to consent (e.g., due to age, illness) or refuse (e.g., due to physical violence or threats) (Basile & Saltzman, 2009, p.1).

Therefore, this thesis uses the terms sexual victimization broadly, to incorporate a wide variety of sexually-violent experiences in the data examined. The terms sexual violence, sexual victimization, sexual assault, and sexual abuse also appear in this thesis, corresponding with the term originally employed by the referenced authors and researchers. These terms reflect the wide variety of non-consensual experiences described previously. For instance, the *Survivors Online* (2009, para. 1) website defines sexual abuse in similarly broad terms as above:

¹ For a more in-depth discussion of definitional issues please refer to section 2.2.1 of the literature review.

Sexual abuse is any sort of non-consensual sexual contact. Sexual abuse can happen to men or women of any age. Sexual abuse by a partner/intimate can include derogatory name calling, refusal to use contraception, deliberately causing unwanted physical pain during sex, deliberately passing on sexual diseases or infections and using objects, toys, or other items (e.g. baby oil or lubricants) without consent and to cause pain or humiliation.

These terms are used interchangeably, reflecting both the choice of term by the researchers discussed, as well as to highlight the broad, nonconsensual experiences described by these various terms.

2. Victim and survivor conceptualizations

Similarly, there is a strong debate about the use of the term victim or survivor in the literature on sexual violence. An in-depth discussion of the significance of the terms “victim” and “survivor” are outside the scope of this thesis; however, it is important to briefly highlight the issues. In a widely cited piece of research on sexual violence Basile and Saltzman (2009, p.8) explain that,

Although many who work in the field of sexual violence use the word “survivor” to describe the person on whom the sexual violence is inflicted, the word “victim” is used in this document in an effort to be consistent with agencies from which most traditional surveillance information is gathered.

The authors further explain that a victim is a “person on whom the sexual violence is inflicted. *Survivor* is often used as a synonym for *victim*” (Basile & Saltzman, 2009, p.10). By contrast, many support organizations have a consistent utilization of some words (for instance, sexual assault and survivor) and resist others (e.g., victim). For example, the local support center in my hometown recently changed its name from the Waterford Rape Crisis Centre to the Waterford Rape and Sexual Abuse Centre, therefore implying there are right and wrong ways to discuss sexual violence (Young & Maguire, 2003). Similarly, Survivors Online use the term “survivor” in their mission statement that appears at the head of their website (“*Support and resources for survivors of rape and sexual abuse*”), but state that, “sometimes definitions of sexual violence can seem confusing and exclusive. Remember that if you have been a victim of ANY type of

sexual violence, you belong here even if you're not sure how to define what happened" (Survivors Online, 2009, para. 1).

The term "victim" generally refers to someone who is sexually coerced and infers a state of powerlessness and uncontrollability, while a "survivor" is characterized as someone who lives (in spite of their victimization experience) (Hunter, 2010; Leisenring, 2006; Muehlenhard *et al.*, 1992; Thompson, 2000; Young & Maguire, 2003). While the term "victim" seems to focus on what actually happened to the person (implying a lack of blame and responsibility), the term "survivor" emphasizes what occurs after the encounter (focusing on agency and resilience) (Hunter, 2010; Thompson, 2000). "The use of survivor may help the individual see past the incident and move forward with the recovery process" (Young & Maguire, 2003, p.42). These labels of victim and survivor represent complex issues of victimization, agency and responsibility (Leisenring, 2006).

However, these conceptualizations are not fixed throughout a person's life. Many researchers have noted that while some people show strong preferences for the label "survivor", others avoid labels such as victim or survivor, seeing them as static and impeding their development (Peter, 2006; Reich, 2002; Young and Maguire, 2003).

It is clear that such categorical labels are problematic due to the multiple conceptualizations and debates surrounding these issues. Therefore, for the purpose of this thesis, the term victim or victimization is generally used to describe the experience of the sexual violence and the term survivor is applied to "what occurs after the encounter" (Young & Maguire, 2003, p.42). Similarly, in a paper discussing mental health services for rape survivors, Campbell (2001, para. 3) explains:

Throughout this review, the terms "victim" and "survivor" will be used interchangeably. Some researchers and advocates have called for using the term "survivor" rather than "victim" to emphasize the inherent strength required to recover from rape; others recommend using the term "victim"

to refer to those who have been recently assaulted and the term “survivor” to refer to those further along in recovery. In this paper, these terms are used interchangeably to reflect both the violent nature of this crime (hence “victim”) and the long-term work of recovering from such violence (hence “survivor”).



Chapter One:

Introduction

1.1 Overview

A significant amount of literature documents the physical, cognitive, and emotional benefits of receiving social support (Ullman, 1999, 2010). Additionally, few human conditions carry more negative stress than surviving sexual assault (Herman, 1997). However, receiving face-to-face support can be limited due to a lack of willingness to disclose the abuse or to talk openly about their victimization (McNulty & Wardle, 1994). Therefore, this thesis investigates the use of a leading online support group for survivors of sexual violence. This chapter provides an overview and introduction to the thesis. In order to set the context, a brief overview of the topic and each of the main studies is provided.

1.2 Introduction

The Internet has unquestionably had a profound impact on how people seek support and share experiences related to their health and coping. Specifically, it is the interactivity afforded by Internet communication that has had the most marked impact on virtual communities concentrating on healthcare (Coulson, 2008). Estimates of the number of online support groups range from the hundreds of thousands to millions (Coulson, 2008). Despite this, research specifically examining the role of support groups for survivors of sexual violence is notably lacking.

Self-help groups offer psychological support to help people deal with a variety of concerns, including a psychological problem, physical illness, external stress, or stigmatized status in society (Yalom, 1995). Online support groups provide a relatively new and novel medium for the expression of thoughts and feelings related to coping with sexual victimization (Finn & Lavitt, 1994). Computer groups have distinct advantages that differ from traditional face-to-face support groups, such as providing 24-hour availability, anonymity and privacy; immediate (synchronous) and/or delayed responding (asynchronous); no geographic restrictions; and a record of the written text communication

(Braithwaite, Waldron, & Finn, 1999; Coulson, 2005; Coulson, 2008; Finn & Lavitt, 1994).

Furthermore, the online social support groups provide survivors with anonymity, which is not possible with face-to-face supports. It has been noted that anonymity is likely to be of particular benefit and attraction to people dealing with stigmatizing conditions (e.g., sexual victimization, HIV/AIDS) as it affords survivors the opportunity to disclose personal experiences while remaining anonymous (Finn & Lavitt, 1994). It has been reported that disclosure of personal information is higher online, particularly when participants are anonymous, because they are less concerned about the impression they are making (Sherman, 2001; Riva, 2002). In particular, the lack of cues and reduced evaluation anxiety may lead to more equal participation from low status and shy individuals. As a result, online support groups offer an attractive combination of discretion, intimacy, and fun that can sometimes be more empowering than in face-to-face interactions.

Survivors of sexual violence are also able to gain support from “fellow survivors” in online support groups. A main factor in the appeal for online support groups is providing people with the ability to interact with people experiencing the same life stresses from a controlled and private location (Braithwaite *et al.*, 1999; Coursairis & Liu, 2009; Finn & Lavitt, 1994; Coulson, 2008). Another very important aspect of locating a group of people who have also experienced sexual victimization is that these online groups allow survivors to *write* about their victimization and to create stories of abuse. Many researchers have highlighted the importance of narratives in providing structure and understanding to life events (Currier & Neimeyer, 2006; Neimeyer, 2006; Riessman, 1993; White & Epston, 1990). As online support groups are a textually-based medium, these groups also provide participants with the chance to write and rewrite (or to reconstruct) their experiences over time. This process of revisiting and reviewing a trauma by writing about it over time is similar to the process of narrative therapy, which uses written text to enhance the therapeutic process by providing a documented record of the person’s progress through therapy (White

& Epston, 1990).

Yalom (1995, p.109) summarized an extensive list of therapeutic implications that occur during face-to-face group counseling. The factors included the instillation of hope; participants experiencing similar life events; providing information and altruism; learning how to respond appropriately to others; having constructive emotional experiences in a safe environment; group cohesiveness; and catharsis. These factors have also been realized within online support groups as they allow survivors to develop new ideas about their trauma and to support changes in these beliefs (Finn & Lavitt, 1994). In an online context, Internet support groups provide an audience and community for a survivor to gain support or feedback for reconstructions of their story of sexual victimization while allowing for the possibility of the survivor to assimilate the abuse experience into their lives and creating change. In fact, it is this audience or community that is an essential part of constructing a new, alternative story for the survivors (Epston & White, 1992; White, 1989).

1.3 Purpose of the study

New online support groups appear to be forming at a rapid pace, covering a variety of topics that were often traditionally addressed by self-help groups. A comprehensive understanding about who uses these groups, how often, and for what purpose is essential. Further, the risks and benefits associated with use of computer groups must be identified, with a focus on the therapeutic risks and benefits to survivors from writing about their experiences and receiving feedback from other group members. This knowledge is particularly important concerning online support groups for survivors of sexual violence as there is virtually no information in the literature on this topic.

As a whole, online groups generally aim to provide support to people dealing with some sort of trauma in their lives. Sarason, Levine, Basham, and Sarason (1982) empirically found that people with high social support appear to

experience more positive events in their lives, have higher self-esteem, and take a more optimistic view of life in contrast to persons with low social support. Social support has been shown to be a clearly important way of coping with stressful life events in providing emotional support and information that may enhance adjustment.

It is unsurprising, then, that online support groups for survivors of sexual violence have appeared alongside support groups for many other health issues. Once again, this seems to suggest that there is a strong motive for investigating the role of the Internet as an important source of social support for survivors of sexual violence. Therefore, this thesis aims to investigate the emerging role of the Internet as one of social support specifically for survivors of sexual violence. As sexual violence is highly underreported, Internet support groups for sexual victimization are unsurprisingly an important option for survivors as a source of support (Finn & Lavitt, 1994; Moursund, 1997). Online communities can be as important to many marginalized groups as their “physical” communities in which they live for social support, if not more important (Eastin & LaRose, 2005). The Internet allows people in remote areas to gain access to support networks that they might not otherwise have access to. Even if geography is not an issue, Internet websites allow for survivors to get in touch with other survivors for support. It is therefore essential that research investigates this emerging role of the Internet as a strong social support option for survivors of sexual violence and provides reliable data about how and why these support groups are used.

Generally, this study examines the implications of using the Internet as a source of support for survivors of sexual violence. More specifically, the study elicits stories about the survivors’ experiences of social support to inform as to why these survivors have turned to an Internet support group (referred to as “Survivors Online”) for that support, examines how the site functions to allow for

the provision of social support by determining the quality² and quantity of support messages exchanged on the most popular message board on the site. Furthermore, it assesses how survivors use the Internet to seek social support by documenting the site members' type of Internet usage (e.g., email, chat rooms, etc.), effects of usage on the survivors (such as whether the support site has changed how they use conventional methods of support), and how the support received is viewed by the members of Survivors Online (in terms of the perceived best and worst aspects of Internet support).

² Quality refers to the category of social support as described by the Social Support Behavior Code framework.

1.4 Background and significance

While the literature clearly documents the physical, cognitive, and emotional benefits of receiving social support after sexual victimization (Ullman, 1999, 2010), little is known about how such support is received by survivors of sexual victimization in an online context. By focusing on a support site for survivors of sexual violence this study can draw from a potentially large number of participants representing different types of victimization experiences; cultures; ages, etc. This ability to represent a wide variety of views and experiences is particularly beneficial in exploratory research.

Owen Yarbrough, Vaga and Tucker (2003) maintain that the high levels of emotional and cognitive expression noticed in Internet communications suggests that the Internet may be a viable medium for the provision of psychosocial services for people in need. The Internet can thus be considered a valuable coping tool for survivors, in addition to – or in lieu of - support from families, friends, and partners. Despite this important research topic, only two studies in the literature have focused specifically on how online social support is related to recovery from sexual violence (Finn & Lavitt, 1994; Moursund, 1997), and these studies are now over a decade old. Briefly, Finn and Lavitt (1994) examined an online self-help group for survivors of sexual abuse and reported that potential advantages of online groups for survivors consisted of better access to support, reduced reliance on offline supports, and enhanced communication, while disadvantages included negative interactions, lack of site leadership, and social isolation. Moursund's (1997) study investigated the potential for social support on a support group site for adult survivors of abuse by analyzing posts across three of the major bulletin boards. Moursund (1997) found that the vast majority of posts were about companionship (specifically, talking about problems and sharing experiences), followed by information. Both Finn and Lavitt (1994) and Moursund (1997) reported that online support groups provided beneficial support for survivors of sexual violence.

This lack of research assessing online support groups for survivors of sexual violence is particularly surprising considering that social support has been shown to be a clearly important way of coping with stressful life events in providing emotional support and information that may enhance adjustment (Cobb, 1976; Cutrona & Russell, 1987; Sarason, Sarason, Shearin & Pierce, 1987; Thoits, 1982; Ullman, 1999, 2010). This need for social support to buffer stress is particularly important when a person experiences sexual victimization, as the psychosocial³ sequelae can be highly traumatic and long-term, ranging from PTSD to substance abuse to relationship difficulties (Herman, 1997; Koss, 1993; Ullman, 1999, 2010; Yuan, Koss, & Stone, 2006). This stress buffer model of social support generally argues that stress is more harmful to a person with weak social supports than a person with strong social supports (Cobb, 1976) and it supported by an extensive amount of research establishing the stress buffer model as the most prominent way of illustrating how social support promotes well-being (Kaniasty & Norris, 1992).

While the present thesis does not specifically examine the stress buffer model, it provides a highly useful way of conceptualizing and explaining why online support groups are beneficial in alleviating the psychosocial sequelae related to sexual victimization (Owen *et al.*, 2003; Lieberman & Goldstein, 2005; Braithwaite *et al.*, 1999; Finn, 1999; Preece & Ghazati, 2001).

1.5 Rationale for the study

Whilst recent studies have examined the risks and benefits associated with the use of online support groups (Coulson, 2008; Coulson, Buchanan & Aubeeluck, 2007; Coursaris & Liu, 2009), little is known about how these risks and benefits apply to survivors of sexual violence. As discussed, no recent research (within the past decade) has focused on the use of support groups for survivors of sexual violence. With this in mind, it is important to highlight the methodology

³ The term “psychosocial” in this thesis refers to the psychological and social factors that influence mental health (Nelson *et al.*, 2002).

informing the present study so that future research can seek to replicate findings.

1.5.1. Epistemology

Epistemology focuses on the nature, reliability, and validity of claims to knowledge (e.g., how and what can we know?) (Willig, 2008). The term epistemology refers to the study of what we can know about reality and the relationships between knowledge and reality (Banister *et al.*, 1994; Willig, 2001). Various research methods make different claims about what knowledge can be obtained and the subsequent reliability and validity of those claims about knowledge as a result of their underlying epistemology. An epistemological stance provides an understanding of what it is possible for us to investigate, which must then lead us to selecting an appropriate research method to examine and assess our research questions (Willig, 2008). There is therefore a notable relationship between epistemology and methodology.

The role of epistemology in research is essential when considering the interpretation of data. The current study employs a mixed methods (also referred to as multimethod) framework to assessing online support for survivors of sexual violence. In this thesis the epistemological position of weak social constructionism allows for the mixing of methods in an investigation of online social support.

1.5.1.1 Positivism and social constructionism

Briefly, Positivism is an epistemological position, which assumes that reality is stable and that knowledge reflects reality (Banister *et al.*, 1994). The stance also emphasizes the importance of the empirical study of phenomena (Howitt & Cramer, 2011), where language is used as a tool to access thoughts or events (Willig, 2001). Positivism argues that “there is a straightforward relationship between the world (objects, events, phenomena) and our perception, and understanding, of it”. Social constructionism is generally presented as the

opposite of positivism, as social constructionism is an epistemological stance focusing on meaning that aims to account for the ways in which phenomena are socially constructed (Bruner, 1991; Willig, 2001). Social constructionism argues that our knowledge of our worlds and ourselves is generated through language and social communication. The approach maintains that we must adopt a critical stance when considering “what we know”, as our knowledge is constitutive (Burr, 1995).

To summarize the opposing views very succinctly: we have a reliance on *measurement vs. meaning*, and on *lived experience (Erlebnis) vs. impersonal experiment*. In general, quantitative approaches are regarded as *mainstream* psychology, qualitative ones as an *alternative* approach (Todd *et al.*, 2004, p.4).

However, Willig (2008, p.3) argues that,

Few, if any, scientists and researchers today claim to be unreconstructed positivists. In fact, when the label is used in contemporary epistemological debates, it usually constitutes an insult. This is because it is now generally accepted that observation and description are necessarily selective, and that our perception and understanding of the world is therefore partial at best. What people disagree about is the extent to which our understanding of the world can approach objective knowledge, or even some kind of truth, about the world.

The present thesis has a weak social constructionist perspective, which allows for both a recognition of a positivistic, external reality and the notion that our understanding of this reality is simultaneously socially constructed.

1.5.1.2 *Weak social constructionism*

Orlikowski and Baroudi (1991) differentiate between a weak and strong constructionist view. While a strong constructionist view involves the researcher explicitly investigating the shared role of creating reality,

In the “weak” constructionist view, the researcher attempts, through various data collection techniques, to understand the existing meaning systems shared by the actors, and thereby interprets their action and events in her recounting...from the viewpoint of weak constructionism, interpretive research is understood to complement positivist research,

that is, by generating hypotheses for further investigation, and by filling in the knowledge gaps that positivist research cannot attend to, such as the contextual exigencies, the meaning systems, and the interaction of various components of a system. The researcher chooses between positivist and interpretive approaches based on the research question and the nature of the phenomenon of interest (Orlikowski & Baroudi, 1991, p.15).

Sayer (2000) also provides an account of weak social constructionism, explaining that weak social constructionism recognizes “facts” and accounts of experiences as socially constructed, while strong social constructionism “denies the independent reality of nature it- self” (p.62). Generally, weak social constructionism argues that even though knowledge is socially constructed, there can exist an external reality. As Sayer (2000, p.90) argues, “knowledge, though situated, can, in some cases, be objective”.

Consider, for instance, Searle’s support for a weak social constructionist view. Searle (1995) maintains that some categories of knowledge are social constructions (such as agreeing that a piece of paper is money) because they are constructed by people through language. Searle (1995) calls these constructions “social facts” (p.26). Searle (1995) describes these categories as constituting a social reality where social facts are ontologically, and logically dependent on brute facts. Natural or “brute” facts exist independently of language; for instance, a mountain is a mountain in every language and in no language; it simply is what it is. Further, there exist “noninstitutional, primitive, biological inclinations and cognitions not requiring any linguistic devices” (p.61), which are not altered in the social constructs because language does not truly constitute them (such as thirst, hunger, fear and rage). Searle’s (1995) argument maintains that while people socially construct meaning and understanding, these constructions of what he terms “social facts” are based on an external reality of brute facts. Searle (1995) concludes that,

There is a contrast between the role of the presupposition of external realism and the presupposition of the existence of human representations in normal understanding. Normal understanding of talk of both money and mountains requires external realism, but normal understanding of talk and money presupposes the existence of representations in a way that normal understanding of mountains does not. Money is understood

as socially constructed; mountains are not understood as socially constructed (p.194).

In other words, brute facts do not require human institutions to exist, while institutional facts always do (Smith, 2010). Smith (2010) explains that while a wedding ring is made of gold (brute fact), accepting that the gold wrapped around his finger is a wedding ring is an institutional fact. Searle (1996) maintains that institutional facts are possible because they rely on “objective epistemic judgment of fact”, which remain true regardless of opinions and feelings (e.g., that the ring is made of gold) (Smith, 2010, p.154). In contrast, a subjective epistemic judgment of fact is dependent on opinions and feelings (e.g., that the wedding band is beautiful). For the wedding band to be beautiful depends on the subjective opinion of the person that the existence of the gold ring does not depend upon. Searle (1996) argues that the intrinsic features of the gold (e.g., gold consists of molecules and mass, which was true before humans ever discovered and named gold) exist independently of cognitive states.

A weak form of constructionism, then, allows for some material base for reality and can therefore accommodate the multimethod framework employed in this thesis, which utilizes qualitative and quantitative approaches.

1.5.1.3 Language and weak social constructionism

The present thesis employs a critical realist/weak social constructionist approach to language. Language, and our treatment of language in research, has a significant role in our socially-constructed knowledge. For instance, different individuals can describe the same experience in different ways, changing our perception and understanding (Willig, 2008).

Weak social constructionism maintains that our access to the world is mediated by language (while recognizing the possibility of an objective understanding of “truth”) by distinguishing between socially constructed ideas and “social and

spatial process which have a material existence” (Jacobs and Manzi, 2000, p.38). In other words, our access to the material world is mediated through language.

Weak social constructionism means that the texts produced in this thesis are viewed as manifestations of a wide variety of discursive options that the participant has selected to construct a particular version of their experience (Willig, 2008). Preexistent reality does not determine human understanding. Rather, language imposes a structure on reality that makes it understandable (Smith, 2010, p.155). In this way, weak social constructionism allows for a realist treatment of language where words do not represent real objects, but categories of its language (Smith, 2010). In this sense, features of reality do exist, but in an organic, changing sense as reality often involves ambiguity and various ways of understanding for people as they evaluate the same experienced reality (Searle, 1996; Smith, 2010). In other words, “humans do not socially construct reality but rather primarily beliefs about reality...beliefs that become the building blocks for constructed institutional facts” (Smith, 2010, p.163). Sayer (2006) supports this notion, arguing that humans construct “thought objects”, but do not construct “real objects”, which exist independently of human thought.

1.5.1.4 Mixing methods and weak social constructionism

Moving from mixing methods at epistemological level to mixing methods at methodological level, multimethod research refers to the combination of various methodologies within a single research project, which is becoming an increasingly popular research stratagem (Todd, Nerlich & McKeown, 2004). Subsequently, the key assumptions which underline a multimethod approach are discussed to provide a context for the methodological framework of the current thesis, which employs a mixed methods (also referred to as multimethod) framework when assessing online support for survivors of sexual violence.

Over 30 years ago, Jick (1979) argued that most textbooks highlighted the desirability of mixing methods as a way of balancing the strengths and weaknesses in single method research. Supporters of a multimethod approach to

research argue that combining statistical and qualitative approaches to psychology can result in highly useful methods that may provide a better understanding of complex phenomena (Clarke, 2004; Harre & Crystal, 2004; Todd *et al.*, 2004). Todd *et al.* (2004) explain that researchers arguing against combining quantitative and qualitative approaches generally maintain that the epistemological assumptions underlying the approaches are incompatible. Qualitative researchers accuse quantitative researchers of positivism, reductionism, determinism, and objectivism, quantitative researchers, by contrast, accuse qualitative researchers of fuzziness and subjectivity (Todd *et al.*, 2004, p.4).

However, proponents of mixing methods argue that this “divide is more imagined than real” (Todd *et al.*, 2004, p.12). For instance, Clarke (2004) explains that,

Sometimes the information we need to consider is qualitative, sometimes quantitative, most often a mixture – hence the importance of being able to ‘mix methods’, but the qualitative/quantitative distinction is not really fundamental. One can describe things qualitatively or quantitatively, and often the two blend into each other. There is no hard and fast boundary between quality and quantity (p. 81).

In other words, Clarke (2004) supports the argument for combining qualitative and quantitative methods in psychology, as he maintains that psychology should study topics relevant to lay persons; topics which benefit from the rigor of quantitative approaches in combination with the interpretations of qualitative approaches. In practical terms, Clarke (2004) explains that this can be achieved by providing a written step-by-step documentation of the procedures applied in each case, making assessments of interpretations made, and the use of whatever methods of triangulation are appropriate to ensure validity of information, can all aid in ensuring this combination of methods.

In explanation of how the competing epistemologies of qualitative and quantitative methods can be combined in mixed methods research, Orlikowski and Baroudi’s (1991) widely-cited paper promotes the application of weak social constructionism, as previously discussed. While a strong constructionist view

does not allow for mixed methods (as the perspective cannot accommodate a positivist epistemology), a weak constructionist view encourages the mixing of methodologies to complement each other (rather than replace each other). Therefore, the authors maintain that qualitative and quantitative approaches should be combined to complement each other and provide a more holistic understanding of the topic of investigation.

In the present thesis, combining quantitative and qualitative elements of investigating the online support group would provide a better depth of understanding as to how and why survivors use Survivors Online for support. A multimethod approach allows for elaboration from themes found in each study, to those found across all three studies. In this sense, the use of mixed methods can lead to a synthesis of various sources of data. Jick (1979) maintains that such a qualitative focus allows the researchers to “sustain a profitable closeness to the situation which allows greater sensitivity to the multiple sources of data” (p.609).

Following on from a mixed methods framework, the present study employs a netnographic approach. Netnography is the conduct of ethnography over the Internet, a method specifically designed to study cultures and communities online (Kozinets, 2010). Specifically, netnography is “participant–observational research based in online fieldwork. It uses computer–mediated communications as a source of data to arrive at the ethnographic understanding and representation of a cultural or communal phenomenon” (Kozinets, 2010, p.60).

Both traditional ethnographic research and netnographies have always involved assimilating multiple methods in order to provide a more holistic and comprehensive understanding of the community under investigation. Authors have argued that triangulation of data can potentially generate the thick description that is a focus of ethnographic work (Jick, 1979; Weiss, 1968). The aim of triangulation across the three studies in this multi–method thesis was to achieve a more comprehensive understanding of why and how survivors seek social support online than to achieve consensus or “truth” across the various

methods. In terms of an online ethnography, triangulation in multimethod research can involve the researcher examining data for a “logical pattern in mixed-method results” (Jick, 1979, p.608). In this sense, validity can be viewed in terms of the researcher’s ability to organize findings within a plausible interpretive framework drawn from multiple vantage points (Brannen, 2005; Jick, 1979).

On a final note, the use of the Internet represents an exciting new method of data collection for research on sexual violence because of the anonymity and accessibility of the Internet to “unreachable” or marginalized groups. It is particularly suitable because a specific problem in studying the role of social support in rape survivors’ recovery is that survivors may delay disclosure , or, indeed, never disclose (Ullman, 1999, 2010). Internet and netnographical research can therefore also gain access to individuals who have never disclosed their rape experiences to anyone in the “real world”. Therefore, online support groups can be seen as an important method for data collection, considering their role as an increasingly valuable source of information and social support for people (Coulson, 2008). Additionally, Todd *et al.* (2004) maintain that another advantage of mixed-method work is that “different methods can be used in order to study different levels of the same phenomenon and to explore the micro–macro distinction” (p.9). In other words, the authors suggest that accepting a wider range of methodologies will allow researchers to also understand work in related disciplines (such as anthropology and sociology), which can further lead to an increased ability to communicate the results of the present thesis to a wider community of researchers, survivors, and medical and mental health professionals.

1.6 Research questions

Using a netnographic approach, this study was designed to examine survivors’ use of one of the principal online support groups for survivors of sexual violence. Specifically, using a mixed-methods approach, this research is essential to

contribute to the understanding of how survivors access and participate in support-related online groups.

For all three studies the same online community for survivors of sexual violence was used as both a basis for analysis and to recruit participants. This community was chosen as the main focus for this research project after an extensive examination of online support groups for survivors of sexual violence.

Survivors Online was by far the most popular, populated, and well-organized community for survivors of sexual violence based on the researcher's observations of volume of posts and site traffic (refer to section 3.2 of the methodology chapter for a discussion of this process).

The following research questions highlight the focus of each of the three studies in this thesis:

Study one: People use stories to make sense of their world, which is particularly helpful to people at times of trauma or upset when people need to comprehend changes in their lives (Bruner, 1987; Riessman, 2008). Therefore, how do survivors make sense of their experiences of support related to sexual victimization and to describe their own reality?

Study two: It is important to assess what kinds of support are deemed most important to survivors in their attempts to cope with sexual victimization in order to promote the welfare of survivors. With this in mind, specifically, what kinds of support are exchanged on Survivors Online in their own words? How does the frequency of support categories compare to other studies (e.g., do the survivors of sexual violence have unique support needs as compared to other populations)?

Study three: How do survivors practically use the Internet to cope with their sexual victimization (e.g., do they use email, chat rooms, etc.)? Has using the support site changed how the survivors use conventional methods of support? When asked directly, what elements of online support do survivors perceive as beneficial and which are drawbacks to seeking online support?

Investigating the role of an online support group for survivors in this way will not only help pinpoint what survivors need in terms of social support, but is highly important for professionals working with survivors of sexual violence, e.g. law enforcement, medical and mental health professionals, in order to define the specific social support needs of survivors. This research has practical implications and will inform new ideas, theories, and policies for providing social support for survivors of sexual violence that is informed by the survivors directly. The present thesis will identify the support needs of survivors and highlight how existing services might better meet their needs. It will also allow for an understanding of whether written text via the Internet is perceived to be a viable means through which to connect to other survivors and establish a supportive community of survivors.

In conclusion, then, weak social constructionism allows for the triangulation of these various methods (e.g., narrative and content analysis [including statistical analysis]) in one overall piece of work as such methodological pluralism “is advised in order to temper all factual interpretations with a historical sense of why one is couching an interpretation in a particular discourse” (Olsen, 2009, p.14). Additionally, weak social constructionism (as an epistemological stance) allows for the existence of reality in an organic, changing sense. Because a preexisting reality does not also predetermine human understanding (or meaning-making) language provides a structure, which makes experience understandable (Smith, 2010). “Therefore, language in these studies is examined both as a social construction and a reflection of a more permanent reality. In other words, “while human ideas and symbols are central to understanding

human persons and social life, these must be understood as belonging to nature and continually interacting with the capacities and constraints of natural reality” (Smith, 2010, p.169).

1.7 Thesis summary

The remaining section of this introduction will provide a brief description of each of the chapters contained within this thesis.

Chapter two consists of an extensive literature review covering four main topics: the prevalence of sexual violence; the psychosocial sequelae of sexual violence; social support; and online support groups. The prevalence of sexual violence is discussed in order to illustrate the frequency and life-long impact of victimization. Researchers have noted that the definitions of sexual violence employed in the literature, the phrasing of questions, the methods of data collection and participant samples have all contributed to the variance in reported rates of sexual violence (Fisher, Cullen & Turner, 2000; Kilpatrick, 2000; Kolivas & Gross, 2007; Koss, 1993). Part one of the literature review will critically discuss the prevalence of sexual violence and associated methodological issues as these rates are a first step towards both understanding the substantial amount of people that are affected by sexual violence, and justifying the need for increased research into understanding how and why survivors are utilizing online social supports.

Secondly, the literature review in chapter two will discuss the psychosocial sequelae of sexual violence in order to contextualize the survivors' experiences as detailed throughout this thesis. The effects of sexual victimization have been extensively researched in the literature where both children and adults exposed to sexual violence have been found to be at a greater risk for a variety of psychological, emotional, and adjustment difficulties. Understanding that the psychosocial sequelae of sexual victimization are diverse is needed to contextualize and understand the support needs of survivors in the present study.

Subsequently, then, the literature review will critically discuss the role of social support as a potential buffer for the negative psychosocial sequelae of sexual violence, as well as a potential explanation for some of the variance in sequelae

experienced by survivors. This will be followed by a focus on online support groups, highlighting the literature on social support which is relevant to understanding the function and attraction of online support groups to survivors of sexual violence. It will also present findings from the literature regarding the benefits and disadvantages of seeking support online.

Chapter three encompasses an in-depth description of the overall methodology of the thesis, specifying the methods employed in each of the three studies. The methodology was ethnographic in nature, as the overall thesis aim was to explore how a website for survivors of sexual violence functions as a contemporary site for the delivery of social support. An ethnographic method of participant observation was employed to investigate the online use of a survivor forum as a means of assisting those in need; describing the content and function of the site; and the support seeking behavior of the site's members. The chapter describes and justifies the mixed-method focus of the present study and provides a detailed discussion of the methods involved in the data collection, decision-making and analysis across the three studies.

Chapter four presents the findings of the first of the three studies, and presents a narrative analysis of 10 interviews with survivors of sexual violence (five men and five women). Study one examines the types of services and supports accessed by survivors of sexual violence recruited from an online support group for survivors, and their satisfaction with those supports accessed. This study uses narrative analysis (NA) to examine survivors' accounts of the role of their social relationships (i.e. with family, friends, and partners) and Survivors Online as a means of support in coping with their sexual victimization. The purpose of this study, therefore, is to describe the support needs of survivors in order to gather information on what might have been lacking in coping with their sexual victimization. This data is collected in order to assess why these survivors turned to an Internet support group, and what needs were met by this online group but not by other services or supports.

Narrative analysis argues that people use stories to make sense of their world, which is particularly helpful to people at times of trauma or upset, when they need to comprehend changes in their lives (Bruner, 1987; Riessman, 2008). Narrative is advocated by a variety of researchers from different disciplines as both an “organizing principle” and a suitable method for understanding subjective experience and identity in particular social contexts (Josselson, 1996; Josselson & Lieblich, 1993, 1995; Lieblich & Josselson, 1994; Rappaport, 1993). As an organizing principle, narrative is directly suited to understanding how people use language to co-construct beliefs and knowledge. Therefore, narrative analysis is a particularly suitable method of analysis for the interview data collected for the present study. This also allows for an assessment of the meanings ascribed to responses to disclosure and social support, which are absolutely essential in understanding the impact of sequelae and subsequent coping. Sexual victimization means different things to different people, as does social support.

As study one is a qualitative narrative analysis, the chapter is significantly lengthier than studies two and three (twice the word length). Due to the inclusion of lengthy interview excerpts and the in-depth engagement required by qualitative methods, the analysis section of this chapter required the dedication of a larger proportion of the overall thesis’ word count.

Chapter 5 examines the use of Survivors Online as a means of transmitting and receiving written text as a form of support to provide an understanding of how people use the site for social support. The first aim of this study was to determine the quality and quantity of support messages on Survivors Online. The second aim was to compare the frequency of these categories to other studies using the same coding scheme, in order to ascertain if survivors of sexual violence have unique support needs as compared to other populations (namely, people with disabilities, Huntington’s Disease and HIV/AIDS). This research examines the significance of participation in a support site for survivors of sexual violence and its relationship with how people seek support online by performing an analysis of publicly-viewed message “threads” followed over a one-week period.

Directed content analysis (DCA) is used to categorize the posts over this one-week period in terms of the type of social support contained within the posting. Lofland and Lofland (1984) argue that content analysis should involve the “interplay between experience, induction, and deduction” (p.112). In order to achieve the interplay between deductive and inductive approaches, this study begins with a deductive, theoretical frame from which to approach the data. Data is initially coded according to a framework designed by Cutrona and Suhr (1992). Cutrona and Suhr’s (1992) Social Support Behavior Code consists of 5 overall categories of social support, and 22 subcategories.

Lincoln and Guba (1985) state that it is essential to, “devise rules that describe category properties and that can, ultimately, be used to justify the inclusion of each data bit that remains assigned to the category as well as to provide a basis for later tests of replicability” (p.347). Coding from an existing framework allowed for consistency of terminology and consistency with the prior work, allowing for the replicability suggested by Lincoln and Guba (1985).

The use of constant comparison and verification between the inductive meanings of the posts to the survivors and the theoretical research frame enables an interaction between inductive and deductive approaches. Approaching and analyzing the data in such a way allows for the meanings that the survivors place on their experiences to emerge from the data, while guided by a theory-driven framework of social support.

Chapter six is a content analysis of an Internet usage survey with survivors of sexual violence. This study will assess the site members’ Internet usage via an Internet survey. The aim was to explore the online experiences of members of Survivors Online with a particular focus on the members’ perceptions of the advantages and disadvantages in order to inform about the psychosocial consequences of participation on Survivors Online. Demographic data and background information were collected to provide a context within which the key research questions could later be discussed. This study will specifically examine the role of the Internet and online social support groups in meeting the social support needs of survivors from the point of view of the members

themselves in terms of how and why members use the Internet; frequency of use; and how the seeking of online support impacts seeking support offline. It will additionally provide information about the perceived benefits and disadvantages related to seeking support online for the participants.

In this study (study three), conventional content analysis was deemed particularly appropriate to analyze this data as the methodology is consistent with the goals and standards of survey research as an attempt is made to measure variables as they normally occur, and no manipulation of independent variables is attempted (Neuendorf, 2002). Because literature in this area is newly-emerging, conventional content analysis allows for coding categories to be derived directly from the text, rather than being guided by an existing theoretical framework (as in study two). In this way, category development is inductive and similar to other qualitative approaches to data analysis (Hsieh & Shannon, 2005). As in study two, open-ended questions were coded via content analysis.

Finally, chapter seven will present the overall findings and conclusions of the thesis across the three studies: relating the findings of each study to each other, to the previous literature review, and to the overall initial research questions posed. The central questions of the present thesis were to examine these survivors have turned to an Internet support group for social support, to examine how the site functions to allow for the provision of social support, and to assess how survivors use the Internet to seek social support.



Chapter Two:

Literature Review

2.1 Introduction

This chapter will describe research relevant to the aims of this thesis. The overall aim of this thesis is to examine the support implications of using the Internet as a source of support for survivors of sexual violence. In order to inform as to why these survivors have turned to an Internet support group for social support, how the site functions to allow for the provision of social support and how survivors use the Internet to seek social support, it is important to firstly understand the prevalence of sexual violence, the psychosocial sequelae of sexual violence, the research on social support, and studies investigating online support groups.

To begin, a discussion of the literature on the prevalence of sexual violence will provide a starting point and context for the study of social support processes in online support groups for survivors of sexual violence.

Part One: Prevalence of sexual violence

“The measurement of rape and sexual assault represents one of the most serious challenges in the field of victimization research. Rape and sexual assault remain sensitive topics that are difficult to ask about in the survey context.”

- Truman & Rand (2010, p.11)

2.2 Prevalence of sexual violence

Prevalence rates of sexual violence are essential to illustrate the frequency and life-long impact of victimization. As a result, prevalence of sexual assault can often cover lengthy periods; sometimes the entire lifespan (Koss, 1993). Many researchers have noted that the variance of methodologies between studies impact the rates of sexual violence; these methodological factors include the definitions of sexual violence employed in the literature, the phrasing of questions, and the methods of data collection (Fisher, Cullen & Turner, 2000; Kolivas & Gross, 2007; Koss, 1993). Kilpatrick (2000) adds that prevalence rates will also vary, sometimes quite drastically, depending on the participant samples. This is due to the fact that the vast majority of studies reporting prevalence rates employ convenience samples, which may create self-selected groups of women who were more comfortable with describing their experiences than others, or utilize clinical populations that may not be representative. Dhaliwal *et al.* (1996) suggest that sexual abuse may be more likely to be remembered and/or acknowledged by victims in hospitals or mental health clinics, thus resulting in higher incident rates. Conversely, student populations may result in lower incident rates than more heterogeneous populations.

In light of these issues, part one of the literature review will briefly present the methodological issues surrounding the estimation of the prevalence of sexual violence by discussing definitional issues, disclosure of sexual violence and changes in measuring sexual violence.

2.2.1 Definitions of sexual violence

2.2.1.1 *What is sexual violence?*

The Centers for Disease Control define sexual violence as falling within one of four categories where all categories involve non-consent (Basile & Saltzman, 2002, p.9):

1. **A completed sex act** is defined as contact between the penis and the vulva or the penis and the anus involving penetration, however slight; contact between the mouth and penis, vulva, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object.
2. **An attempted (but not completed) sex act**
3. **Abusive sexual contact** is defined as intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse.
4. **Non-contact sexual abuse** does not include physical contact of a sexual nature between the perpetrator and the victim. It includes acts such as voyeurism; intentional exposure of an individual to exhibitionism; unwanted exposure to pornography; verbal or behavioral sexual harassment; threats of sexual violence to accomplish some other end; or taking nude photographs of a sexual nature of another person without his or her consent or knowledge, or of a person who is unable to consent or refuse.

However, these categories as described by Basile and Saltzman (2002) are not consistently or clearly applied in the literature on sexual violence. In order to describe and understand the various forms of sexual violence we must consider how these terms are defined legally, socially, and in the research in order to understand why labels and categories between these categories are not easily understood or consistently applied.

Even though sexual assault is a common form of criminal violence worldwide, occurs at all levels of society, and is not restricted to any particular racial group, class, income, or educational level (Koss, 2003), there are nevertheless no universally-accepted definitions of what constitutes the various categories of sexual violence (e.g., rape, sexual abuse, etc.). There exists widespread uncertainty and confusion concerning legal definitions, everyday use of

descriptions and definitions of sexual violence, and operational definitions in the research.

2.2.1.2 Definitional issues

For instance, to portray the issues involved in legal definitions of sexual violence, consider the differences between the UK and USA⁴. In the UK, Section 1 of the Sexual Offences Act, 1956 (amended by the Criminal Justice and Public Order Act, 1994) states that a man commits rape if he has vaginal or anal intercourse with a person who does not consent; he knows that the person does not consent; or is reckless as to whether that person consents. The 1994 amendment broadened the Act to include male rape. Additionally, the Sexual Offences Act 2003 takes a broad range of acts into account (e.g., voyeurism, zoophilia, etc.), and recently redefined rape as non-consensual penile penetration of the vagina, anus or mouth of another person (rather than non-consensual vaginal or anal intercourse) (Home Office, 2005). In Europe and the UK, rape is now punishable by a maximum sentence of life imprisonment.

In the USA, the federal definition of rape applies to all states. The 1986 Federal Criminal Code (Title 18, Chapter 109A, Sections 2241-2233) defines two types of sexual assault (and not rape specifically): sexual abuse and aggravated sexual abuse (Kilpatrick, 2000). Sexual abuse is defined as “causing another person to engage in a sexual activity by threatening or placing that person in fear” or “engaging in a sexual act if that person is incapable of declining participation in, or communicating unwillingness to engage in that sexual act” (Kilpatrick, 2000, para.7). Kilpatrick (2000) further defines aggravated sexual abuse as engaging in a sexual act by force, threat of force, without the person’s knowledge or permission, or through the use of an intoxicant.

The point here is that legal definitions vary from country to country across the world, which adds to the confusion regarding the legal definition of sexual

⁴ A comparison between the USA and UK is included here as the majority of the members of the Survivors Online are located in these countries.

violence in research. As if this were not perplexing enough, there are also varying psychological definitions of rape to take into account when investigating the support needs of rape and sexual abuse survivors.

Defining what constitutes sexual violence in “everyday” terms can also be challenging, as people will construct their own definitions of sexual assault that may be based on cultural myths, past experiences, biases, etc. An example of this is *cognitive scripting*. Rape myths are a clear example of how cognitive scripting applies to definitions of a form of sexual assault. The research on rape myths has noted the tendency for people to blame rape or sexual abuse survivors for the event based on “rape myths”, which are false cognitions about rape (Burt, 1980), a worldwide phenomenon according to Koss *et al.* (1994).

Examples of some rape myths are that real rape survivors will always have signs of injury, and that women often lie about rape because they are spiteful. These are myths because research shows that approximately 44% of rape survivors present no signs of physical injury and there is little evidence to show that women commonly lie about rape (Doherty & Anderson, 1998). Additionally, despite the common myth that most women are raped by strangers, evidence suggests that most women are raped by people they know (Kilpatrick & Saunders, 1997; Kilpatrick *et al.*, 1992). Further, this concept of victim responsibility can also be used to attribute responsibility to the victim by the perpetrator. Research has shown that rape myths are also employed by perpetrators of sexual violence to conceptualize rape as sex, and thus place blame for the crime with the victim (Auburn & Lea, 2003; Lea, 2007). However, researchers have argued that these rape myths also provide a “common sense” resource for making sense of rape because they are embedded in reinforced, culturally-accepted stereotypical assumptions about gender role stereotypes and heterosexuality (Doherty & Anderson, 1998; Crome & McCabe, 2001).

In conclusion, this research argues that people will define rape differently from one another as a result of their diverse cognitive scripting of sexual violence or acceptance of rape myths. These cultural beliefs such as “it isn’t rape if you are

drunk because you willingly put yourself in that position” are often in contrast to the reality of rape and other forms of sexual violence, as well as being in contrast to the legal definitions. In terms of defining rape, it may be important to consider the role of rape myths in survivors’ psychological definitions of rape because these myths provide an explanation as to why people’s personal scripts and psychological definitions can play an extremely important role in whether or not a survivor of sexual violence receives social support to facilitate coping, or even believes that their experience did actually constitute sexual violence. Finally, these discrepancies in rape definitions used by people everyday are further complicated by the vastly different operational definitions of sexual violence employed in the research.

As a result of varying definitions of sexual violence employed in the literature, the conclusions which can be drawn are dependent on the definition that the research attributes as to what constitutes a survivor of sexual violence. In order to portray these issues it is important to examine the varied reported rate of prevalence from the two basic types of sources: official government research and empirical research studies (Kilpatrick & Ruggiero, 2004).

In the US, the Uniform Crime Report (UCR) and the National Crime Victimization Survey (NCVS) are annual, official reports of rape and/or sexual assault incidence; the National Violence Against Women Survey (NVAW) was a nationally representative telephone survey of 8,000 women and 8,000 men about their experience with rape (defined as forced vaginal, oral and anal intercourse) (Tjaden & Thoennes, 2000); and the National Women’s Study conducted in 1992 collected data via telephone interviews with 4,008 women aged 18 and older and assessed rape experiences that occurred throughout the lifetime, but did not include attempted rapes, statutory rapes, or drug or alcohol-facilitated rapes (Kilpatrick & Ruggiero, 2004). In the UK, the British Crime Survey (BCS) is a nationally representative victimization survey of approximately 47,000 adults living in England and Wales aged 16-59 where the experiences of intimate violence are assessed since the age of 16 or in the last 12 months (Povey, Coleman, Kaiza & Roe, 2009).

Making direct comparisons between official government studies is difficult as the surveys accessed different populations and report different forms of sexual victimization. The methodological differences across these official reports of prevalence rates are briefly summarized in table 2.1.

Table 2.1: Comparison chart between official surveys

| Survey | Sample population | Type of sexual violence assessed | Methodology | Findings |
|--------------------|--|--|---|--|
| NCVS (2009) | Victimizations against people aged 12 or older | Reported and nonreported rape and other forms of sexual assault (grabbing, fondling, etc.) | Direct interview with each person 12 years or older | 0.5% of the sample had been raped or sexually assaulted in past 12 months |
| UCR (2009) | All reported crimes | Reported rape | Data collected from law enforcement agencies | N=88,097 forcible rapes were reported (0.03% of population) |
| NVAW (2000) | Victimizations against people aged 18 or older 8000 men 8000 women | Rape | Telephone interview | 18% of women reported experiencing a completed or attempted rape in their lifetime, and 0.3% in the past 12 months |
| NWS (1992) | Victimizations against women aged 18 or older 4008 women | Reported and nonreported attempted and completed rape | Telephone interview | 13% of women experienced at least one completed rape in their (adult) lifetime, and 39% more than once |
| BCS (2009) | Victimizations against people 16 and older 47,000 adults aged between 16-59 | Reported and nonreported sexual crimes ranging from rape and sexual assault to sexual grooming | Direct interview and self-completion survey | 3% of women and less than 1% of men experienced a sexual assault or attempted assault in the last year |

Drawing clear conclusions about the prevalence rates across the three official US-based reports (NCVS, UCR, NVAW, and NWS) and the UK estimates (BCS)⁵ is hindered due to distinctly different sample populations, types of sexual violence assessed and the methodology employed. However, Koss (1993) reports that telephone surveys consistently achieve lower prevalence rates of sexual assault, but whether prevalence of sexual assault is lower via telephone surveys in comparison to in-person interviews has not been consistently proven (Koss, 1993). In particular, the setting of telephone interviewing is difficult to control; for instance, the researcher may not be aware that people can overhear the respondent, thus making it less likely that the person will disclose sexual assault to the interviewer if the abuse has been kept secret (Koss, 1993). This is particularly salient considering the findings that most perpetrators of sexual violence are known to the victim in the form of a husband, boyfriend, or similar (Kilpatrick & Saunders, 1997; Kilpatrick *et al.*, 1992) and that the NVAW and NWS studies relied solely on telephone surveys.

Further, Tjaden & Thoennes (2000) draw the important conclusion that, “how much of the differences in rape and physical assault prevalence can be explained by differences in willingness to report victimization to interviewers and how much can be explained by actual victimization experiences is unclear and requires further study” (p.6).

These same methodological and definitional issues become very apparent in review papers on sexual violence where it becomes very difficult to group studies together for comprehensive comparison. For example, Holmes, Resnick, Kilpatrick, and Best (1996) reported that 700,000 women over the age of 18 were raped in the US, and warned that the figure would be much higher if adolescents were included since 60% of rapes occur to females under the age of 18, highlighting the importance of age in the definition of rape. Another example of studies varying widely in their definitions can be seen as Kenney, Reinholt and Angelini (1997) define sexual abuse as the “involvement of children and

⁵ Again, the comparison here focuses on the USA and UK as the majority of the members of the Survivors Online are located in these countries.

adolescents in sexual activities they do not understand, to which they cannot give informed consent, or that violate the social taboos" (p.3), while Grimstad and Schei (1999) simply defined child sexual abuse as adverse sexual experiences before 18 years of age.

In a review of 24 empirical studies of rape and sexual assault, Koss (1993) concludes that approximately 20% of adult women have experienced completed rape in their lifetime, and approximately 12% of adolescent girls experience sexual assault before the age of 18. The rates of sexual assault of men and boys is consistently lower than women or girls, showing rates that vary from 0.6%-7%. In another review, Spitzberg (1999) examined 120 studies covering a 40-year period assessing prevalence rates of rape employing various methods and definitions of rape. Spitzberg found that 12.85% of women and 4.7% of men disclosed that they had been victims of rape, while another review study of prevalence rates by Peters, Wyatt and Finkelhor (1986) reported that between 6-62% of females and between 3-31% of males experienced sexual abuse in childhood. Koss (1993) has additionally highlighted that the relationship between the definition used and magnitude of prevalence rate is not direct; studies using the same definitions have reported very different prevalence rates of rape (varying from 4.5%-23% in Kilpatrick *et al.*'s 1985 and 1987 studies). However, it is important to realize that despite these definitional and methodological issues, rates of sexual violence are high regardless of what definition and/or methodology is used.

2.2.2 Disclosure of sexual violence

Another significant methodological issue when assessing the prevalence rates of sexual violence concerns the disclosure of sexual crime. Rates of sexual violence are notoriously unreliable due to the massive numbers of cases that are not reported. In fact, Koss *et al.* (1994) go as far as to claim that, "conclusions drawn from crime statistics are virtually useless for estimating the incidence of sexual assault because women are universally reluctant to report rape to authorities" (p.515). National research studies in the US in the 1990s have suggested that

most sexual assaults are not reported. For instance, the Rape in America survey stated that only 16% of rape cases were reported to authorities (Kilpatrick, Edmonds & Seymour, 1992). Similarly, the National Survey of Adolescents suggested that 85.7% of sexual assault cases had never been reported (Kilpatrick & Saunders, 2000). However, the most recent statistics from the National Crime Victimization Survey in 2009 stated that 55.4% of rape and sexual assault cases were reported. Victims of sexual assault are less likely to be reported to the police than completed rape crimes, or those resulting in physical injuries (Truman & Rand, 2010), which may explain some of the reason for discrepancy in these figures on reporting. Even with these seemingly increasing figures, this data suggests that underreporting is still a serious health and safety issue.

Koss (1993) argues that prevalence estimates are at risk due to fabrication and nondisclosure. While fabrication of experiences of sexual violence has been shown not to exist as a major source of invalidity, nondisclosure can occur as a result of purposive nonreporting (where the survivors chooses not to report sexual assaults) and unintentional nonreporting (where the survivor does not accurately recall the experience) (Koss, 1993). As Koss (1993) explains, disclosure depends on the victim initially being included in the study sample, perceiving the experience as a sexual assault, and labeling it correspondingly. Koss argues that even if this person is included in the sample they cannot disclose their experiences if the questions use different labels to the respondent's and fail to jog memories for those assault experiences, or if the survivor does not want to disclose to the interviewer.

Other researchers have noted the circumstances of the abuse as being possible deterrents in disclosure of abuse. For instance, Arata (1998) found that survivors were highly unlikely to disclose the abuse if the perpetrator was a relative or acquaintance. Similarly, Terry and Tallon (2004) have reported that every published empirical study related to the disclosure of child abuse has indicated that a significant number of survivors do not report the abuse, and of those who do report, a high percentage delay disclosure (based on a number of factors such as the victim's age and gender, relationship to the perpetrator,

abuse severity, and other developmental and cognitive variables).

2.2.3 Summary

It is quite apparent in the literature how broad versus narrow definitions employed in studies can directly affect results. It has been noted that the lack of a consistent definition of the various categories of sexual violence has been shown to substantially influence measured prevalence rates. In fact, Dhaliwal *et al.* (1996) argue that the definition “employed in any study is considered the most significant factor accounting for the variance among reported prevalence rates” (p.622). These various findings of prevalence rates across empirical studies and official statistics is further confounded by the findings that no clear pattern exists in prevalence rates dependent on the method of data collection employed; higher prevalence rates have been achieved via interviews and posted survey, while interview methods have also yielded many lower prevalence estimates (Koss, 1993).

In terms of contributing to the present thesis, all of these studies suggest that sexual violence is not a rare occurrence. However, despite these issues with estimating prevalence, these rates are a first step towards understanding that substantial numbers of people are affected by sexual violence. Understanding these issues with prevalence rates of sexual violence are essential as a truer understanding of the rates of sexual violence is necessary to increase the likelihood that survivors will be identified and/or will access support services. With this in mind, we turn now to discussing the psychosocial sequelae of sexual violence in order to provide an understanding of how the experience of sexual violence impacts the survivor.

Part Two: The psychosocial sequelae of sexual violence

“Although having accurate numbers is important, it is even more important to recognize that there is a person behind every rape statistic who needs our advocacy, assistance, and acceptance.”

- Kilpatrick & Ruggiero (2004, p.13).

2.3 The psychosocial sequelae of sexual violence

As we have seen thus far, regardless of what type of definition is used to describe a sexually-violent experience, what is important in every definition is to understand what the experience of sexual assault means to the survivor. In order to understand the support needs of survivors it is important to realize the variety of experiences a survivor may go through so that both the consequences of the experience and support treatment options available to survivors are clearly understood. The psychosocial consequences of sexual violence will be discussed in the following section.

The effects of sexual victimization have been extensively researched in the literature where both children and adults exposed to sexual violence have been found to be at a greater risk for a variety of psychological, emotional, and adjustment difficulties in their adult life. Despite these findings, it has not proven possible to define a profile of the “average” survivor of sexual violence, nor to provide a comprehensive description of the sequelae of consequences following the abuse. Part of the reason for this lack of consensus is due to the aforementioned issues in defining sexual violence and due to differences in individuals’ coping mechanisms. Although the literature suffers from the definitional and methodological issues discussed previously, it is notable that the literature agrees that sexual victimization can profoundly affect a person’s short and long-term functioning.

While a comprehensive analysis of the literature pertaining to sexual violence is beyond the scope of this thesis, the main issues and discussions pertinent to the aftermath of sexual violence are discussed here in order to contextualize the

survivors' experiences as detailed throughout this thesis. The following section of the literature review will discuss the most commonly-described psychosocial consequences of sexual victimization that appear in the literature: PTSD; substance abuse; and other general consequences⁶.

2.3.1 PTSD

The DSM-IV describes posttraumatic stress disorder (PTSD) as “characterized by the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma” (American Psychiatric Association [DSM-IV-TR], 2000, p.429). Davidson, Tupler, Wilson, and Connor (1998) report that PTSD following rape is associated with familial vulnerability to major depression, which may serve as a risk factor for developing PTSD, although there is the possibility that relatives without a history of depression may have been less motivated to take part, thus skewing the results. Kilpatrick *et al.* (1992) found that 30% of rape victims in the National Women’s Study had experienced at least one major depressive episode (versus 10% of non-survivors). Rape victims were, therefore, three times more likely than non-victims to have a major depressive episode. Further, 33% of the rape victims reported they had thought seriously about committing suicide (versus 8% of non-survivors).

Survivors of childhood sexual abuse also been shown to be five times more likely than nonsurvivors to be diagnosed with PTSD (Coid, Petruckevitch, Chung, Richardson, Moorey & Feder, 2003). Additionally, Saunders, Kilpatrick, Hanson, Resnick, and Walker (1999) found that women who were abused in childhood were over three times more likely than nonsurvivors to experience a lifetime rate of PTSD diagnosis.

⁶ The participants in this thesis (adults over the age of 18) are survivors of a wide range of sexual violence. As this thesis examines sexual violence in general, this section on the psychosocial sequelae of sexual violence will report findings from studies examining adult psychosocial sequelae resulting from child sexual abuse, sexual assault, and rape.

In the longer-term, rape survivors with PTSD often show a characteristic profile of symptoms including fear and avoidance, re-experiencing the trauma, and anxious arousal (Valentiner, Foa, Riggs, & Gershuny, 1996). While most people who suffer from trauma-related symptoms show a marked decrease in these symptoms without clinical intervention (i.e. acute vs. chronic PTSD) there is nevertheless a substantial portion of assault victims who develop enduring problems unless effective intervention is employed (Valentiner *et al.*, 1996). Darves-Bornoz, Lepine, Choquet, Berger, Degiovanni and Gaillard (1998) also point out that, while the frequency of PTSD among victims slows down considerably after three months, PTSD tends to have an increasingly chronic nature after three months, and even more after one year. This study found that some clinical signs appear soon after rape that are predictors of chronic PTSD; in particular, running away was shown to be the best behavioral attitude predictor of chronic PTSD, along with somatoform disorders, dissociative disorders, agoraphobia, specific phobias, depressive disorders, gender identity disorders, and alcohol abuse (Darves-Bornoz *et al.*, 1998).

2.3.2 Substance abuse

Substance abuse as a sequelae of sexual assault is also a dominant theme in the literature as the research demonstrates that substance abuse can often increase in an effort to ameliorate the initial extreme acute distress experienced after rape (Acierno, Resnick, Flood & Holmes, 2003). Similarly, Larimer, Lydum, Anderson & Turner (1999) found that both men and women who had been the recipients of unwanted sexual contact in college reported heavier alcohol consumption and related negative consequences than peers who had not had these experiences.

Clark, Masson, Delucchi, Hall, and Sees (2001) report that people who are exposed to violent traumatic events (such as rape) may also be at increased risk of substance abuse, PTSD and depressive symptoms. This association is especially important since untreated PTSD may lead to a relapse of substance abuse. Another related point made by Clark *et al.* (2001) suggests that since

women are more prone to experiencing rape, and the lifestyle of a substance abuser may lead to greater exposure to rape, a reciprocal relationship may exist where drug use increases the risk of subsequent sexual abuse. This association is especially important since untreated PTSD may lead to a relapse of substance abuse. Also noting the associated between PTSD and substance abuse, Kilpatrick *et al.* (1992) reported that rape victims with PTSD were 13.4 more likely than non-victims to have major alcohol problems and 26 times more likely to have major drug abuse problems. In contrast, Fleming *et al.* (1999) found that child sexual abuse was not significantly related to drug or alcohol abuse, although the authors admit that there was limited power in the study to detect small differences between groups due to a small sample size (n=710) used for multivariate analysis.

2.3.3 Other consequences

In addition to specific psychosocial consequences of sexual assault (such as PTSD and substance abuse) there are many general psychosocial sequelae including depression, somatoform disorders, body dysmorphic disorders, disordered eating behavior, and sexual dysfunction (Yuan, Koss, & Stone, 2006). However, Yuan *et al.* (2006) report that these psychological consequences of victimization are often overlooked due to the primary focus on PTSD in the literature, and there is therefore comparatively little research on these sequelae.

Starting with child sexual abuse (CSA), researchers have reported links between a history of child sexual abuse and a number of social and psychological problems in adulthood, including developmental delays related to cognitive and academic development (Trickett, McBride & Putnam, 1994). Researchers have also reported multiple emotional and psychological sequelae of childhood sexual abuse, indicating that survivors of CSA are more likely to be depressed and suicidal (Boney-McCoy & Finkelhor, 1996); to experience anxiety, anger, shame and self-blame (Conte & Schuerman, 1987; Muller, Caldwell & Hunter, 1991); self-mutilation (Cavanaugh, 2002; Turell & Armsworth, 2003); and substance abuse (Stewart, 1996) as adults. Similarly, Tjaden & Thoennes (2000) also

suggest experiencing sexual assault as a minor (under 18) places the person at greater risk for experiencing subsequent sexual assault in life (18% of women who reported being raped under the age of 18 were also raped after the age of 18). Kenney *et al.* (1997) noted that adult women who were raped during adolescence often experienced low self-esteem, feelings of powerlessness, depression, guilt, alienation, behavior problems, substance abuse, and problems with their families and at school, which may have resulted in a predisposition to repeated victimization.

Another meta-analysis of 26 CSA studies conducted by Jumper (1995) found statistically significant relationships between CSA and impaired psychological adjustment across a heterogeneous group of studies using different populations, definitions, research designs and assessments. Jumper (1995) found that 7% of the variance in adult participant's symptomology, 5% of the variance in level of depression, and 3% of self-esteem was explained by these different approaches within the research. The author also reported that student samples were consistently reporting smaller effect sizes than community or clinical samples, suggesting that student samples may experience less psychological impact (possibly due to a lower rate of abuse and/or lesser severity of abuse).

The majority of literature on the psychosocial sequelae of sexual violence is dominated by child sexual abuse. However, looking specifically at empirical studies on adult survivors' reactions after rape, Ellis (1983) found that most survivors return to normal functioning after three months. However, survivors still scored significantly higher than nonvictims on measures of fear and anxiety from three months to one year after the assault. Ellis (1983) found that specific factors of the rape experience did not clearly predict adjustment; however, prior psychiatric history and subsequent social support were predictive of adjustment. A recent review paper by Campbell, Dworkin and Cabral (2009) reports that the negative mental health sequelae of adult sexual assault results from multiple factors including victim characteristics, aspects of the assault, post-assault disclosures, help-seeking, and sociocultural norms. In this paper, Campbell *et al.* (2009) emphasise that understanding the sequelae of sexual violence is a highly

complex and cumulative process that should consider all of these various factors as possible influences on a survivor's experiences of psychosocial sequelae.

2.3.4 Male survivors

In terms of the present thesis it is also essential to examine papers dealing with male adult survivors of sexual assault, as Survivors Online aims to support both male and female survivors of sexual violence. Larimer *et al.* (1999) found that men who had been recipients of unwanted sexual contact reported more symptoms of depression than other men in their college sample. In contrast, Struckman-Johnson (1988) found that men who were recipients of sexual aggression from women were unlikely to suffer negative emotional consequences, which the author theorized was perhaps due to male roles in society. More recently, Walker, Archer and Davies (2005a) reported that male rape survivors had significantly poorer psychological functioning (compared to a matched control group of non-survivors), and, in a second published study, reported that long-term effects of male rape included anxiety, depression, increased anger and vulnerability, impaired self-image, emotional distancing, self-blame, and self-harming (Walker, Archer & Davies, 2005b). The authors also note that current research on male rape is very limited (Walker *et al.*, 2005a, 2005b).

Additionally, male survivors are less likely than female survivors to disclose rape and seek professional intervention and are more likely to receive unsupportive responses from healthcare professionals (Yeager & Fogel, 2006). These unsupportive reactions are due, at least in part, to male rape myths such as "men cannot be raped", which are linked to dominant views of masculinity that men should be strong, sexually dominant, and heterosexual (Davies, 2002). This can also then lead to male survivors questioning their sexual orientation, which is an attribution specific to male survivors (Davies, 2002; Struckman-Johnson & Struckman-Johnson, 1994). In a study of attributions of blame in male rape, Anderson and Lyons (2006) found that perpetrators of male rape were blamed less than perpetrators of female rape, a finding echoed by Struckman-Johnson

and Struckman-Johnson (1992) who found that male rape myths are particularly powerful when the perpetrator is female. Davies (2002) also reported that male survivors also use these rape myths to blame themselves for their assault.

Dhaliwal *et al.* (1996) suggest that a valid justification for assessing male rape and abuse independently of female rape and abuse is that men mature socially in a different manner to women, due to varying social expectations; and that men and women also experience different circumstances of abuse (i.e. men and women are more likely to experience distinct forms of abuse). Assessing men and women separately may inform as to the extent of difference and whether or not these differences can be accounted for by varying contexts of experience and/or gender-related coping differences. These methodological difficulties make it problematic to compare men and women in order to determine if men and women are differently affected by sexual violence

In an effort to summarize and account for differences in the findings of these studies, research has attempted to provide explanations that explain the variance in risk of developing these various psychosocial sequelae after sexual victimization. In summary, these studies have shown that psychological problems after sexual assault are related to factors such as: the severity of the assault (Dyb, Holen, Steinberg, Rodriguez & Pynoos, 2003; Yuan *et al.*, 2006); knowing the perpetrator (Dyb *et al.*, 2003); subsequent sexual victimization (Coid *et al.*, 2003); victim coping and functioning (Ullman, 1999, 2010); and preassault support network (Ullman, 1999). Finkelhor and Browne (1985) further criticize the literature for classifying the impact of sexual violence based on offender characteristics or the level of force, as these conceptualizations provide little insight into the trauma experienced by the survivor. The authors argue that such an approach oversimplifies experiences as more or less serious without any explanation of how the trauma may manifest. Specifically, “the question is not whether it was more or less serious, but rather what specific injurious dynamics were present” (Finkelhor & Browne, 1985, p.538).

2.3.5 Summary

In summary, the psychosocial sequelae of sexual victimization are diverse and characterized by individual differences; in other words, there is no one response or list of symptoms experienced by all survivors of assault (Briere & Jordan, 2004; Yuan *et al.*, 2006). While experiencing sexual violence places the person at risk for a variety of problems, recent research now indicates that people vary widely in their adjustment; these sequelae-focused studies limit the individual differences amongst survivors, despite the fact that this large volume of literature has not yet been able to describe a “typical survivor”. Nevertheless, despite the seemingly contradictory information presented across the reviews discussed here, it is clear that many survivors of sexual violence experience impaired mental health and social functioning.

The lack of research attempting to systematically explain the mechanisms by which people adapt to the trauma of sexual abuse (Feiring, Taska & Lewis, 1999) means that the survivor’s personal factors in responding to sexual victimization is often overemphasized, while little recognition is afforded to the role of social support (Yuan *et al.*, 2006). Additionally, many of the studies presented here do not describe or account for the survivors who report few or no sequelae in coping with sexual assault. Therefore, the following section of the literature review will concentrate on the role of social support as a possible buffer for the negative psychosocial sequelae of sexual violence, as well as a potential explanation for some of the variance experienced by survivors.

Part Three: Social support

“No custom or common ritual recognizes the mourning that follows traumatic life events. In the absence of such support, the potential for pathological grief and severe, persistent depression is extremely high.”

- Herman (1997, p.70).

Part three of the literature review will discuss the literature on social support relevant to understanding the function and attraction of online support groups to survivors of sexual violence⁷. It will also present findings from the literature regarding the benefits and disadvantages of seeking support online.

2.4 Social support

Despite the generally negative impact of sexual victimization, researchers have noted significant variation in adjustment amongst survivors of sexual assault (Popiel & Susskind, 1985). In other words, some survivors are able to cope and adjust well to their trauma, while others are greatly impacted by their victimization. A major trend in the literature has been to examine social support as a mediator between stress in life and subsequent adjustment to try and answer this question (Cobb, 1976; Popiel & Susskind, 1985). Social support is therefore considered to be a coping resource for people experiencing stress (Thoits, 1995).

Social support has been widely studied in various disciplines, by various researchers. The definition of social support has evolved as its multidimensional constructs have been illustrated through research (Cobb, 1979; Cutrona & Russell, 1987; Sarason *et al.*, 1987; Stewart, 1993). To begin with, there is a fundamental difficulty in defining and measuring social support due to a lack of agreement in the literature (Popiel & Susskind, 1985; Sarason *et al.*, 1983). For instance, Stewart (1993) summarizes that social support has been operationalized as the number of connections available in a person's network

⁷ Due to the focus of the current thesis on online support groups, this section of the literature review will focus on support from family and friends (rather than law enforcement or medical professionals), as law enforcement or medical professionals are not represented on Survivors Online as possible providers of support to members.

and quality of support, as well as utilization, meaning, availability, and satisfaction with support. In addition, Popiel and Susskind (1985) explain that, at one end of the spectrum, research assesses general and global questions of participants not currently experiencing a specific stress (usually students) related to how they perceive the strength and availability of potential social supports. At the opposite end of the spectrum is research, which asks highly-specific questions of participants coping with a specific crisis who are asked if their supports were available during their crisis and to rank their level of satisfaction with these supports. Popiel and Susskind (1985) maintain that these two categories of research are asking very different questions: the first is assessing the perception of available support (related to global measure of stress and psychological sequelae); the second is assessing actual support received.

However, perceived support and received support are not identical concepts. Researchers have argued that perceived support is strongly affected by personality factors (Popiel & Susskind, 1985; Procidano & Heller, 1983; Thoits, 1995). Cohen and Willis (1985) similarly found that perceived support was related to promoting better well-being among people experiencing stressful life events, while received support did not exhibit any buffering effects. However, Kaniasty and Norris (1992) maintain that when the life event is sufficiently stressful and the social support received matches the demands of that stress on the individual, the buffering effect should be observed. These findings suggest that support programs and policies should attempt to restore the psychological beliefs that create a sense of perceived social support (such as self-esteem and trust in others) (Kaniasty & Norris, 1992). It is clear that perceived social support influences mental health, as a buffer against the stress of sexual victimization and appears to be a much stronger influence than actual receipt of support (Thoits, 1995).

In an effort to clarify and define the many dimensions of social support, Cutrona and Russell (1990) examined theoretical models of the provision of social support and analyzed these models for similarities (focusing primarily on the provisions of social relationships reported by Weiss, 1973). The authors

reported five dimensions of support consistent across the models: emotional support, network support, esteem support, instrumental support, and informational support.

Cutrona (1989) designed a study to assess whether ratings of social support and mental health status were due to self-report bias by assessing whether ratings of social support made by someone other than the individual being studied would predict outcomes. A group of 115 pregnant adolescent girls and 115 adults who knew the adolescents well rated the adolescents' social support and showed a moderate level of agreement predicting depression scores before the birth and a significant level of agreement predicting depression scores after the birth. Cutrona (1989) summarizes that the agreement in predictions strongly suggests that, "the commonly found link between social support and mental health reflects more than self-report biases" (p.723).

The past 30 years have yielded countless studies illustrating the importance of social support in dealing with all of life's experiences, ranging from cancer to childbirth to sexual victimization. When experiencing stressful life events people utilize coping mechanisms, and seeking social support is one of the most beneficial of these coping strategies (Thoits, 1986). Many studies have highlighted social support as a moderator of stress (Cohen & Willis, 1985; Sarason *et al.*, 1987; Thoits, 1982) and highlighted that social support is an important variable in the extent to which a survivor is adversely affected by sexual violence (Yuan *et al.*, 2006). A number of studies have investigated how social support after sexual victimization can protect survivors from the sequelae of psychosocial consequences, which will be discussed in the following section on the stress buffer model of social support.

2.4.1 Stress buffer model of social support

Popiel and Susskind (1985) highlight that examining social support as a buffer against stress can further complicate these definitional and methodological issues as researchers must also take into consideration the *context* of the stress.

Kaniasty and Norris (1992) report that an extensive amount of research has established the stress buffer model as the most prominent way of illustrating how social support promotes well-being. The model argues that stress is more harmful to a person with weak social supports than a person with strong social supports (Cobb, 1976).

Cutrona and Russell (1987) report that research investigating the effect of stress on health led to an increased interest in social support in psychology; this early research hypothesized that high levels of social support would result in fewer negative health consequences, thus creating a hypothesis of the buffering role of social support. In support of this theory, Olstad, Sexton and Sogaard (2001) examined the link between social support and mental health in a set of longitudinal studies conducted in 1987, 1990 and 1993. The authors described the finding that social support moderated the effect of stress on mental health as the buffering hypothesis, which argues that social support or social networks can buffer against the negative effect of stress on mental health.

Cutrona and Russell's (1990) optimal stress-support matching model also provides an explanation for how stress buffers social support. The model attempts to explain the psychological processes associated with various life events, where the event's location on dimensions of controllability, desirability, or life domain determines the person's coping needs (Kaniasty & Norris, 1992). Sexual abuse can be considered a negative and uncontrollable life event, and Cutrona and Russell (1990) maintain that emotional support is most beneficial for uncontrollable events, while informational and esteem support are less applicable since they are associated with controllable events (such as divorce). However, Kaniasty and Norris (1992) warn that while Cutrona and Russell (1990) consider controllability to be the most important factor in determining coping, it does not take into consideration that, while being victimized may be uncontrollable, victims may not perceive the events this way. This model also suggests that certain types of social support are in greater demand depending on the type of life stress experienced (Cutrona & Russell, 1990).

There are comparatively few studies in the literature that qualitatively examine the concept of social support. To the author's knowledge, no reviews concentrating only on qualitative research investigating social support exist. This is not surprising, as qualitative research does not have generalizability as a core goal of its methods, and the lack of review papers reflects the inherent difficulty in comparing qualitative results across studies. As a result, most qualitative papers on social support stand distinctly apart from each other. Additionally, papers presenting qualitative research into social support generally focus on studies applying social support to a specific condition, and do not specifically focus on qualitatively defining or conceptualizing social support *per se* (in fact, the author could not identify any papers which only qualitatively examined social support specifically). For instance, a series of papers have used narrative analysis to investigate how social support helps veterans cope with traumatic life events (Burnell, Coleman & Hunt, 2010; Burnell, Hunt & Coleman, 2006; Burnell, Hunt & Coleman, 2009). In terms of qualitative papers on narrative analysis and social support (which is the focus of study one in this thesis), Burnell *et al.*'s (2010) most recent paper, which used narrative analysis to investigate how social support helps veterans cope with traumatic memories, found that veterans whose narratives had a higher level of narrative coherence⁸ reported more positive views of their experiences of war and later contact with family, suggesting that veterans should be helped to reconcile their traumatic experiences via social support from family and friends.

In summarizing the research recommendations about studying social support over the past two decades, Kaniasty and Norris (1992) report that life events should be studied singly in terms of understanding the specific functions of social support in terms of specific life events (as in Burnell *et al.*'s 2010 paper). With this in mind, the present study examines the social support function and needs within a specific group: namely, survivors of sexual violence.

⁸ Coherence is the degree to which a story makes some sort of sense or has a meaning (Burnell *et al.*, 2010).

2.4.2 Social support as a buffer to the psychosocial sequelae of sexual violence

While the previous discussion of the psychosocial sequelae of sexual violence has described a profound, life-long impact for a percentage of survivors, there is also a smaller subgroup of survivors that appear not to present any symptomology. While assessing the abuse-related sequelae has provided contradictory results, other researchers have examined the role of social support as an explanation for some of the variance in these findings. For instance, Tremblay, Hebert and Piche (1999) found that social support had a direct effect on victims' adjustment among a sample of sexually-abused children (aged between 7-12), where only the severity of the abuse was related to perceived social support from peers.

In another study of CSA, Fleming *et al.* (1999) highlight that, although child sexual abuse increases the likelihood of experiencing an array of psychological consequences in later life, this is likely to be tempered by the developmental stage at which the abuse occurs, in addition to how resilient children may be in terms of their psychological and social development. The authors theorized that children from more stable and supportive families might acquire greater resilience and have more consistent support after experiencing abuse. Notably, however, there was no difference in ability of the 710 women in their sample to form close friendships or receive emotional support from friends, regardless of family background or severity of abuse, despite these women being more likely to become divorced or separated. Other researchers have also noted that experiencing child sexual abuse has been associated with inadequate peer networks (Trickett, 1997) and inadequate intimate relationships (Briere & Runtz, 1990; Wyatt, 1990).

Also focusing on familial relationships, Ruchkin, Eisemann, and Hagglof (1998) found that the total level of post-traumatic stress reaction in juvenile male rape survivors was negatively correlated with parental emotional warmth and positively with paternal rejection. The authors concluded that post-traumatic stress is influenced by temperamental characteristics as well as perceived

parental rearing practices. Similarly, Cohen and Mannarino (1998) reported that parental support after disclosure of CSA was related to positive adjustment. Some studies suggest that family support may be more influential on the survivors' adjustment than the actual abuse. Nash, Hulse, Sexton, Harralson & Lambert (1993) report that positive family support correlated with better coping. This support seems to act as a buffer that influences the sequelae of sexual violence.

Kaniasty and Norris (1992) found that measures of perceived support (appraisal – a blend of emotional and informational support, tangible, and self-esteem support) were more much more effective at promoting well-being than received support (informational, tangible, and emotional support) amongst victims of violent crime. Perceived support consistently buffered against depression, anxiety, fear of crime and hostility; while received support was limited to protecting victims from experiencing excessive fear. The authors explain that received support may be related to protecting against fear of crime because possible social supports may feel that alleviating fear is easily assessed, while alleviating depression or anxiety may be outside their capabilities. The authors finally conclude that these findings suggest that crime impacts many aspects of well-being and therefore may require a variety of social supports to contribute to buffering against the negative consequences of victimization.

In Popiel and Susskind's (1985) study, survivors of complete rapes were significantly more likely to receive more support than those who experienced attempted rape, even though adjustment scores for survivors of attempted assaults were as high as those who had experienced completed assaults. This was further complicated by the finding that those who received the most support (e.g. survivors of completed rapes) were not the most well-adjusted; in other words, the stress of rape did not correlate with adjustment and support did not mediate the correlation between stress and adjustment.

While some survivors may show resilience to the psychosocial sequelae of sexual assault, others view their victimization as the most devastating event of their

lives (Yuan *et al.*, 2006), as illustrated across these studies. Additionally, the studies here have focused on the symptomology of adult women who have experienced child sexual abuse and reflect a diverse range of reactions.

2.4.2.1 Measuring social support as a buffer to stress

Although there are many measures of social support in the literature, Cutrona and Russell (1987) summarize that, while research on social support differs in terms of the specific function of social support, most theories include emotional support, self-esteem support, provision of information and tangible support in their descriptions of what constitutes social support. Specifically, Cohen and Willis (1985) argue that different life events require different levels of “interpersonal helping behaviors” from a person’s social support system, depending on the level of stress experienced. Therefore, a main focus of social support research has been to understand how personal relationships function to support wellbeing and buffer against stress (Cutrona & Russell, 1987). In doing so, the Social Support Behavior Code (SSBC) was designed to examine the actual behaviors that communicate support between people (Cutrona & Suhr, 1992). Items for the code were developed by surveying social support measures and analyzing descriptions of social support in the literature, as well as from analysis of detailed descriptions of desirable support behaviors by undergraduate students about stressful life events (Cutrona & Suhr, 1992). Furthermore, Stewart (1993) highlights that perceived support could only be described by participants in research, whereas received support can be described and evaluated, as with the SSBC.

Other studies have used the SSBC to examine posts from online support groups for people experiencing physical disabilities (Braithwaite *et al.*, 1999); Huntington’s Disease (Coulson *et al.*, 2000); and HIV/AIDS (Coursaris & Liu, 2009; Mo & Coulson, 2008). In all three studies, information and emotional support were most prevalent, followed by esteem and network support. Tangible support was least common across all studies. Using the same coding framework will allow the results of the present thesis to be contextualized with

this previous research. The only study identified in the research attempting to code posts on an online support group for survivors of sexual violence was conducted by Janet Moursund (1997). While Moursund (1997) did not utilize the SSBC she did find that most of the messages consisted of messages of companionship (specifically, talking about problems and sharing experiences), followed by the sharing of information (mainly about coping strategies). These categories are quite similar to the dominating categories of emotional and informational support seen across the studies utilizing the SSBC; again supporting Moursund's (1997) conclusion that online groups are an important resource for survivors of sexual violence.

2.4.3 Unsupportive behavior/reactions to disclosure

The literature review thus far has concentrated on how social support plays an important role in coping with sexual victimization. Many researchers have noted how talking about their experiences of sexual violence allows survivors to cope with their victimization by accessing support (Burt & Katz, 1988; Pennebaker, 1997; Pennebaker & Seagal, 1999). However, this can be impeded by survivors' difficulties in accessing adequate support or by receiving a lack of support when discussing victimization. For instance, Davis, Brickman and Baker (1991) reported that *unsupportive* behavior (but not supportive behavior) was significantly related to victim's adjustment among a sample of 105 adult women who experienced rape or sexual assault. Davis *et al.* (1991) explain that unsupportive responses to disclosure may result from the person feeling threatened by the victim's experiences, feeling uncertain about how to react, or not knowing how to appropriately support the survivor. Such empirical evidence suggests that unsupportive behavior is at least as important as supportive behavior in determining a victim's adjustment.

Researchers have also noted how such a lack of support is associated with increased levels of poor social adjustment and coping difficulties (Leitner, 1999; Orbach, Harvey, Davis & Merbach, 1994). Generally, researchers report that self-blame is positively correlated with increased suffering for survivors,

whereas validation is associated with better coping (Frazier, 1990; Orbuch *et al.*, 1994; Wyatt & Newcomb, 1990). For instance, in a study of adult women describing their disclosure experiences, Roesler and Weissman-Wind (1994) found that of the 228 adult women in their sample the onset of abuse took place (on average) at six years old and lasted 7.6 years, while the average age of disclosure was 25.9. The authors reported that the women who disclosed their abuse during childhood were likely to receive disbelief or blame instead of support, validation and/or protection, and that 32.9% of these women did not disclose during childhood specifically because of feelings of guilt or shame. Lamb and Edgar-Smith (1994) suggest that some children may not disclose as they predict unsupportive reactions and therefore wait until adulthood to choose more appropriate people.

The majority of survivors will initially disclose sexual victimization to a family member or close friend (Ahrens, Campbell, Ternier-Thames, Wasco & Sefi, 2007). Following disclosure, the reaction of the family and friends can have a major impact on the survivor's subsequent coping. For instance, Tremblay *et al.* (1999) also found that behavioral difficulties were less severe, and self-worth was more elevated when victims of child sexual abuse were supported by their parents. Koverola, Proulx, Battle and Hanna (1996) reported that female survivors experienced more negative family functioning and higher levels of conflict than non-victimized women, resulting in a significant level of stress on the part of the survivor. Additionally, Kogan (2004) reported that age of onset of abuse; relationship with the perpetrator, and a history of drug abuse in the household were related to delayed disclosure of child abuse. Arata's (1998) study of 204 survivors additionally reported that victims were less likely to disclose when the abuse was more severe, despite finding that disclosure may be beneficial in preventing the development of post-traumatic symptoms.

Additionally, Kilpatrick *et al.* (1992) assessed victims' concerns after rape and found that female, adult rape victims were at least somewhat or extremely concerned about their family knowing she had been raped (71%); people blaming her (69%); or people outside her family knowing about the assault

(68%). In contrast, concerns about pregnancy or contracting STDs were comparatively much less important (34% and 19% respectively). The authors concluded that women are highly concerned about people finding out and blaming them for their rape experience. Within this US sample only 16% of the rapes were reported to the police. In addition to the negative consequences for the survivor that are associated with unsupportive reactions or delayed disclosure, not disclosing to officials has serious implications for public safety, policy, and programs. Abusers can potentially remain undetected by the justice and legal system and go unprosecuted.

In conclusion, much of the research on disclosure has linked characteristics of the trauma (severity, duration and relationship to the perpetrator), victim characteristics (age, race, etc.) and family variables (generally focusing on maternal support) with the disclosure (Kogan, 2004). Regardless of the characteristics associated, disclosure has significant social, emotional, interpersonal and legal consequences and should be considered as a complex, multidimensional process (Kogan, 2004). If survivors of sexual violence do not disclose, Pennebaker (1995) argues that mental health professionals cannot facilitate a process of healing which may help protect against both the experience of sexual victimization and the potential negative effects of keeping the trauma a secret.

As discussed, research studies have reported positive associations between disclosure of trauma and subsequent health benefits (such as health and emotional wellbeing) (Greenberg & Stone, 1992; Pennebaker, 1995); Pennebaker, Kiecolt-Glaser & Glaser, 1998). In terms of facilitating this healing process, the literature review will now turn to online support groups as they represent an important source for facilitating disclosure and the provision of support for survivors of sexual violence (Finn & Lavitt, 2004; Moursund, 1997).

Part Four: Online support groups

“Once we think of cyberspace as a place where people do things, we can start to study just exactly what it is they do and why, in their terms, they do it.”
- Hine (2000, p.26)

2.5 Online support groups

The literature provides compelling evidence that support groups are beneficial in alleviating the psychosocial sequelae related to stressful life events (Braithwaite *et al.*, 1999; Coulson, 2008; Finn, 1999; Preece & Ghazati, 2001; Malik & Coulson, 2008; Winzelberg, 1997). Specifically, research has suggested that the group support afforded by support groups may be particularly valuable. Wellman and Wortley (1990) have argued that the size, cohesiveness and types of relationship present in a person’s social network influence the receiving of social support. However, it has also been reported that close social relationships (such as spouses or parents) can place stressful demands on the survivor while voluntary ties (such as to church or hobby groups) are more controllable and avoidable (if necessary), so the support received can exceed the input effort on the part of the survivor (Thoits, 1995). Associated with this finding is the suggestion that those who are most effective at providing support may be those who are experiencing the same life stresses, and can therefore match the support needs of the survivor (Braithwaite, Waldron, & Finn, 1999; Coulson, 2005). In this way, groups may be better sources of support for survivors of sexual violence than individuals.

Much of the research into the benefits of online support groups reflect on both the similarities that online groups have to traditional, face-to-face support groups, as well as the unique features of online support. Beginning with the similarities of online support to traditional self-help groups, researchers have recognized that online groups afford many of the therapeutic supports of traditional self-help groups. For instance, Yalom (1995) reports that face-to-face support groups have typically addressed psychological concerns, physical illnesses, life stressors and stigmatized status, which are all issues pertinent to survivors of sexual violence (Finn & Lavitt, 1994; Koss, 1993; Ullman, 1999,

2010). Additionally, Yalom (1995, p.109) summarized an extensive list of therapeutic factors present in self-help groups; including the instillation of hope, participants experiencing similar life events, providing information and altruism, learning how to respond appropriately to others, having constructive emotional experiences in a safe environment, group cohesiveness, and catharsis. These factors have also been realized within online support groups as they allow survivors to develop new ideas about their trauma and to support changes in these beliefs (Coulson, 2008; Finn & Lavitt, 1994).

The most obvious difference between traditional self-help groups and online support groups is the context; traditional groups rely on face-to-face communication, while online groups rely on computer-mediated, textual communication. Turning now then to discuss the unique support features of online groups, social support is often sought by survivors via the Internet successfully for various reasons.

2.5.1 Advantages of online support groups

Firstly, the Internet provides survivors of sexual violence with ever-increasing access to online support groups and communities. These communities provide survivors with the ability to engage in asynchronous (bulletin boards) or synchronous (chat rooms) written communication 24 hours a day, seven days a week; communication is not restricted to geography, and there is the potential to access a large and heterogeneous group of people, which may not have been possible in the survivors' normal range of social supports (Braithwaite *et al.*, 1999; Coulson, 2008; Finn, 1999; Preece & Ghozati, 2001; Malik & Coulson, 2008).

In a summary of the literature, Finfgeld (2000) lists the advantages of online support as convenient (the ability to send and receive messages 24 hours a day worldwide); anonymity; obfuscation of factors such as age, race and leadership; reasonable cost; wide variety of lay expertise; ability to lurk until comfortable

participating; time afforded to write and consider posts; and having a printable record of participation.

Anonymity, in particular, has been identified as a highly important, unique benefit of online social support groups, which is not possible with face-to-face supports. It has been noted that anonymity is likely to be of particular benefit and attraction to people dealing with stigmatizing conditions (e.g., sexual victimization, HIV, fertility problems) as it affords survivors the opportunity to disclose personal experiences while remaining anonymous (Malik & Coulson, 2008). This link between anonymity and disclosure is highly important in illustrating how online support provides a way in which people can talk about their experiences of sexual violence. The previous discussion about social support and disclosure has clearly highlighted how talking about their experiences of sexual violence allows survivors to cope with their victimization by accessing support (Burt & Katz, 1988; Pennebaker, 1997; Pennebaker & Seagal, 1999).

Online support groups provide a novel opportunity for survivors to disclose to people experiencing similar life events, therefore reducing the highly damaging risk of being blamed or misunderstood (Finn & Lavitt, 1994). Thoits (1994) further explains that people are motivated to promote their wellbeing and actively try to solve problems and reconstruct meaning of their life experiences to maintain feelings of self-worth, possibly contributing to survivors' decisions to seek support online. Levendosky *et al.* (2004) note this phenomenon in their study of pregnant women experiencing domestic violence. The authors reported that the women confided more frequently in women who were also experiencing domestic violence, and explain that, "clearly, the ability to talk about the abuse in an empathic, noncritical environment is an important key to positive mental health for these women" (Levendosky *et al.*, 2004, p.107).

In particular, online support groups provide the opportunity to *write* about their victimization experiences and to create narratives of their sexual victimization. Many researchers have noted the importance of narratives in providing

structure (and subsequently, heightened understanding) or life events (Currier & Neimeyer, 2006; Neimeyer, 2006; Riessman, 1993; White & Epston, 1990). In this sense, online support groups emphasize the process of reconstructing a life story for people by “restorying” disorganized experiences (Neimeyer, 2005). Telling and retelling a story to others with similar experiences can help people to symbolize and discuss challenging emotions as they move towards narratively integrating new and challenging life experiences (Neimeyer, 2005). Group therapies have long been reported to facilitate the understanding and making sense of traumatic experiences (Stewart, 1995).

The previously-noted benefit of being able to consider and reshape a written communication before posting to an online group is similar to White and Epston’s (1990) concept of mapping change in narrative therapy. This process encourages people to narrativize their experiences and progress through therapy in writing so that they can record their progress. This process can also be highly empowering. Taylor (1999) and Kozinets (1998) both argue that people are also free to portray different selves in the offline world dependent on different contexts, as part of social life. The authors further argue that this freedom to express different or “hidden” aspects of themselves is perhaps more available online, but does not necessarily suggest inaccurate or fabricated versions of selves. This written version of communication is a unique feature of online support that is obviously not typical in face-to-face self-help groups.

Foa, Molnar and Cashman (1995) provide clinical evidence of the role of narrating stories of abuse in a therapeutic setting with survivors of sexual violence diagnosed with PTSD. Survivors repeatedly relived and recounted the trauma via narrative and, at the end of therapy, the survivors’ narratives increased in length, along with percentages of thoughts and feelings reflecting attempts to organize the memory of the trauma. In other words, survivors who demonstrated heightened ability to narrativize their trauma saw a decrease in PTSD symptoms. Orbuch *et al.* (1994) also argue that transforming a trauma experience into something meaningful can provide survivors with perspective that facilitates their coping with sexual violence. This account-making process

was also associated with receiving empathic support from others, which was subsequently associated with improved coping and adaptation (Orbuch *et al.*, 1994).

Koss *et al.* (1994) further argues that approaches which emphasize how survivors narrate their experiences can help to understand the various psychosocial consequences of sexual violence discussed previously by “looking at both the trauma and the recovery process from the woman’s point of view – in the context of her personal meanings” (p.522). Additionally, researchers have argued that making coherent and meaningful stories out of emotional topics promote health benefits (Graybeal, Sexton & Pennebaker, 2002), such as reduced doctor visits, heightened immune system functioning, and better academic achievement (Pennebaker, 1997). This lends further support to Lakey and Cohen’s (2000) earlier argument that social-cognitive views are a modern manifestation of social constructivist theory as, once a survivor develops stable beliefs about support, their everyday thoughts about support are assimilated to fit these existing schemas, possibly explaining some of the health benefits reported by Graybeal *et al.* (2002).

In the online context, what the participant writes conveys important information about their identity and how they perceive their world (Campbell, 2006), mirroring this process of narrative therapy (previously discussed) that has been documented in clinical settings. The present thesis employs narrative analysis and content analysis in order to investigate the written text created by members of Survivors Online. The mixed methodologies aim to present the words of the survivors verbatim through interview and post excerpts in order to represent how the participant conveys their identity and perception of their world through their writing.

2.5.2 Disadvantages of online social support

However, along with these distinct benefits, research has also raised concerns over the novel disadvantages posed by online groups. Firstly, the lack of visual cues - which is generally highlighted as one of the distinct advantages of online communication - can also be considered a disadvantage. It has been suggested that the lack of visual cues may make it more difficult to detect emotion and meaning in the communication. However, other researchers argue that Internet users have adapted to the medium by using paralanguage to communicate nonverbal cues (such as :) to denote smiling) (Finn & Lavitt, 1994).

Generally speaking, the majority of concerns related to online support group usage fall under two main considerations: the potential for the distribution of misleading or incorrect information (Klemm *et al.*, 1998; Winzelberg, 1997) and the potential for social isolation and addiction to the group (Finn, 1996; Finn & Lavitt, 1994). In response to these concerns, researchers have argued that the majority of participants in online groups are highly motivated to constructively communicate and are likely to quickly respond to flaming comments (Finfgeld, 2000), and that the large number of people and diversity of opinion on most sites are likely to ensure that gross inaccuracies in statements and information will be corrected quickly (Braithwaite *et al.*, 1999; Finfgeld, 2000; Finn & Lavitt, 1994). Further, many groups have moderators that monitor for flaming or incorrect information who can act to ban members or correct certain posts (Finfgeld, 2000).

2.5.3 Online support groups for survivors of sexual violence

While research is increasingly using discourse in online communities to address psychological queries (Preece, 1999), only two existing studies have focused on online communities of sexual violence survivors. Finn and Lavitt (1994) examined an online self-help group for survivors of sexual abuse in a study that is now over 16 years old. The authors reported that potential advantages of online groups for survivors consisted of better access to support, reducing

reliance on offline supports, and enhancing communication. Disadvantages included negative interactions, lack of site leadership, and social isolation.

Moursund's (1997) study investigated the potential for social support on a support group site for adult survivors of abuse by gathering messages posted across three of the major bulletin boards (totaling 2746 messages). Moursund (1997) reports that the vast majority of posts were about companionship (specifically, talking about problems and sharing experiences), followed by information. Moursund (1997) concludes that,

Individuals who must live with chronic emotional trauma desperately need sources of support...for people who have been abused, the problem of making and maintaining social context in our busy society is further complicated by a learned lack of trust in others, a need to protect themselves, to guard against vulnerability (p.73).

The author argues that online support groups are one of the few safe places for survivors of sexual violence due to the safety afforded by anonymity, control of presentation and interactions, and emotional meaningfulness of the contact provides these online groups with the potential to provide social support to survivors.

2.5.4 Theoretical framework

Basic tenets from netnography⁹ and online support groups contribute to the theoretical framework of the present thesis. Research into these concepts is not well-documented, but what does exist suggests that written communication contributes to a sense of community and is important in obtaining support online¹⁰. As this thesis operates within a realist, weak social constructionist epistemology it focuses on the usefulness of social support accessed via

⁹ Defined in the introduction and outlined at length in the methodology chapter.

¹⁰ While the present thesis is conducted within a positivist epistemology, the methodology of the thesis is qualitatively driven due to the major focus on language throughout. The investigation of Survivors Online relies on purely textual data due to the written nature of discourse in this medium. However, while the thesis relies on language data it focuses on understanding how and why survivors access online social support (rather than focusing on how social support is socially constructed in online talk).

Survivors Online in the participants' own words (rather than how social support is socially constructed via different versions of reality during the course of talk) via an ethnographical methodology taking place online.

2.5.4.1 Virtual ethnography/Netnography

As a method for investigating online communities, many researchers have recently reported the benefits of virtual ethnography as it adapts traditional ethnography to online communities and computer-mediated communications (e.g., Garcia, Standlee, Bechkoff & Cui, 2009; Hine, 2000; Kozinets, 2010). Crichton and Kinash (2003, para. 3) define traditional ethnography as having the intent to construct in-depth understandings of people's daily lives, and virtual ethnography as actively engaging with people online in order to construct their daily lives and stories in the situated, online context (which is inferred by their social interaction online). While there are various methods for conducting an online ethnography, Hine (2000) and Kozinets (2010) argue for a participative approach where, similar to traditional ethnography, the researcher participates in the community and engages in participant observation and deep immersion within the community, allowing for thick description of the community.

Garcia *et al.* (2009) argue that the distinction between online and offline worlds is becoming increasingly futile as these fields are merged in our daily lives. The authors further argue that, while there is a large body of literature assessing the online world, only some of this research is qualitative, and even less is ethnographic. Qualitative methods are compatible with a netnographic methodology due to the focus on thick description of online cultures. Additionally, netnography is compatible with a multi-method framework in which the focus is on assimilating multiple methods in order to provide a more holistic and comprehensive understanding of the community under investigation.

2.5.4.2 Multi-method framework

As outlined in the introduction, the present thesis is founded on a multi-method framework. While the methodology chapter (chapter three) will discuss these issues in-depth, the framework will be discussed here in order to contextualize the thesis in terms of the theoretical framework as the present study explores an online support site as a contemporary site for the delivery of social support for survivors of sexual violence.

Kozinets (2010) recommends that netnographic studies should aim to contextualize conversational acts and to triangulate the study with other methods. Thomsen, Straubhaar, and Bolyard (1998) similarly maintain that the most appropriate method for understanding the significance of online community membership is through multi-method triangulation, specifically qualitative interviews and analysis of posted messages, both of which are employed in the present thesis. The present thesis uses the multi-method framework and triangulation between the methods to enhance the credibility and persuasiveness of a series of three studies by adding depth of understanding (rather than explicitly as a method for verifying the accuracy of conclusions).

Based on Creswell's (2009) advice, qualitative researchers should intend to explore a multitude of factors surrounding a fundamental issue, and to analyze the meaning held by the study participants experiencing this issue. This perspective directly fits the research focus of this study, and also directly corresponds to a netnographic approach, which is, by definition, an exploratory methodology that can be suitably applied to novel contexts. In fact, Kozinets (2010) argues that netnography can go one step further than analyzing personal meanings; it can analyze how meaning is altered, shared and/or supported by participants through online behaviors.

2.6 Summary and justification for the present study

This review of literature relevant to the topic of the role of the Internet in coping with sexual victimization has been accomplished by examining four general topics: prevalence of sexual violence; psychosocial sequelae of sexual violence; social support; and online support groups.

Firstly, after decades of research, a true understanding of the prevalence of sexual violence also remains elusive. The conservative estimates tend to be gathered from reports of victimization to the social services (e.g., police, social workers, etc.). Research into sexual violence reports higher figures due to the inclusion of survivors who have not reported to official bodies. However, large discrepancies still remain in these rates, which are mainly explained away due to methodological differences, varying definitions of sexual violence employed (leading to inconsistencies in samples from study to study), and various methods of data collection (e.g., clinical samples, college-based, samples, etc.). However, it is important to also realize that the literature highlights a significant number of victims of sexual violence. As Kilpatrick *et al.* (1992) explain, “the startling number of rape victims, and the early age at which many of these rapes occur, are examples of a terrible truth that defies simple explanation, easy understanding, or quick remedies” (p.13). In other words, despite the variability in prevalence rates, the research indicates that a significant number of people experience sexual violence in their lifetimes.

Secondly, the literature on psychosocial sequelae of sexual violence has shown that the impact of sexual violence is assessed almost exclusively by questionnaire and self-report measures, the majority of which assess PTSD. Self-report measures, which are designed to assess general psychological issues and pathologies, may not detect the specific impact of sexual violence and contribution of social support to the coping process. Questionnaires and self-report measures are also likely to achieve only a unidimensional understanding of the impact of sexual violence on social support which is very much a multidimensional concept, the meaning of which varies from person to

person. Assessing survivors' meaning-making of social support offers a more in-depth and thorough understanding of how sexual violence affects a survivor's social supports. These measures do not highlight the underlying reasons for why one person copes well and another does not, and the role of social support in this coping. Additionally, meaningfully comparing the results of these studies is compounded by the various definitions used for sexual violence and the various assessment and measurement tools employed. Despite these various methodological issues there is an overwhelming amount of data pointing to the detrimental short and long-term impact of sexual victimization. The weak social constructionist approach of this thesis allows for a realist treatment of language where features of reality exist, but in an organic, changing sense as reality is constructed in different ways as survivors evaluate their experienced reality (Searle, 1996; Smith, 2010).

Thirdly, the research on social support highlights the importance of the role of social support in ameliorating the negative psychosocial sequelae of sexual victimization. The literature analyzing the construct of social support is immense and often contradictory. Many different definitions of social support are employed. However, our definitions of social support are only possible when we define it by referring to our relationships with other people, as we cannot conceive of social support in the absence of other people. Understanding the meanings that survivors attribute to the role of social support in their lives is essential. It seems logical and reasonable that victims' social support needs will differ, although there is a serious lack of comprehensive research addressing these differences.

Finally, despite the large volume of research concerning social support and its significance in coping with sexual victimization, there is little research explicitly targeting the role of online social support for survivors of sexual victimization, highlighting a gap in the literature concerning the needs of this marginalized group. Despite the growing bank of literature investigating the psychological impact of online support groups, there remains a serious scarcity of data on how survivors of sexual violence use online support groups and the psychosocial

consequences of their participation in groups. To date, only Finn and Lavitt's (1994) and Moursund's (1997) studies have examined the online experiences of survivors of sexual violence; online social support is also still a relatively novel and less-studied form of social support in the literature (Lin & Bhattacharjee, 2009). The research is still unclear concerning whether the Internet leads to depression and increased withdrawal among some individuals, while being of particular benefit as a form of social support for others.

Additionally, Koss and Gidycz (1985) report that many studies of sexual violence use criminal justice or crisis center records to recruit participants even though as little as 4% of victims utilize crisis centers (Koss, 1985), highlighting the existence of large numbers of hidden victims that need to be accessed via other sampling methods to receive attention in future research (Koss *et al.*, 1987). Considering the ever-increasing popularity of online support groups (Coulson, 2008), there is therefore a clear need for more in-depth research into the role of Internet support groups (generally) and, specifically, the role they play in helping survivors of sexual violence cope.

All four topics have significance for the aims of this study. In the light of these issues presented in the literature, the present study aimed to explore, in detail, the online experiences of survivors of sexual violence accessing an online support group, and, in particular, the thesis elicits stories about the survivors' experiences of social support to inform about why these survivors have turned to an Internet support group for social support; examines how the site functions to allow for the provision of social support by determining the quality and quantity of support messages exchanged on the most popular message board on the site; and assesses how survivors use the Internet to seek social support. In order to address these aims, the present thesis will employ a multi-faceted, netnographic approach.



Chapter Three:

Methodology

3.1 Overview

The main purpose of this thesis is ethnographic in nature, in that I aimed to explore a website for survivors of sexual violence as a contemporary site for the delivery of social support. As previously discussed in the literature review, Hine (2000) and Kozinets (2010) maintain a participative approach where, similar to traditional ethnography, the researcher participates in the community and engages in participant observation and deep immersion within the community. Therefore, netnography (online ethnography) was the umbrella method for describing the content and function of the site and the support-seeking behavior of the site's members.

3.1.1 Online ethnography/netnography

Ethnography is ideally suited to studying online communities. Ethnographic research aims to yield an in-depth understanding of a group or situation from the point of view of its members (Fetterman, 1998). Ethnography can therefore provide a method for investigating the dynamics of an online community as it causes minimal disruption to the function of the group and allows for assessing both the use of technology and “the cultures which enable it and are enabled by it” (Hine, 2000, p.8). In fact, an ethnographic approach to studying online communities has become so popular as to coin the term “netnography”, describing ethnography adapted to the study of online communities (Kozinets, 2002). Clearly defined by Kozinets (2010), netnography is “participant-observational research based in online fieldwork. It uses computer-mediated communications as a source of data to arrive at the ethnographic understanding and representation of a cultural or communal phenomenon” (p.60). This thesis employs Kozinets’ (2010) method, as it provides a clearly-defined and articulated method for conducting online ethnography that pays careful consideration to the ethics of online research¹¹.

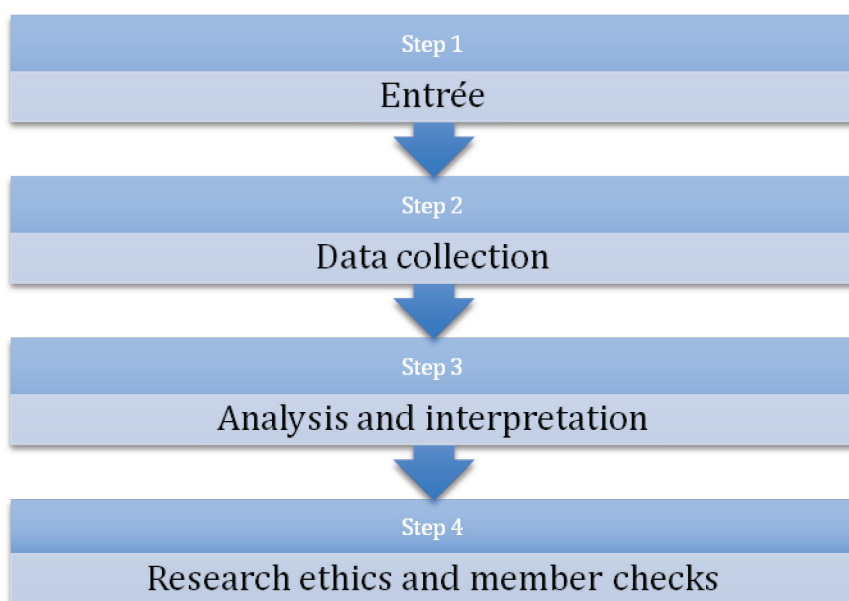
¹¹ Ethical considerations will subsequently be discussed in section 3.5.

Kozinets (1998) argues that netnography is a particularly suitable methodology for studying “those cultures and communities which do not exist in RL [real life], but are manifest exclusively through CMC [computer mediated communication]¹²” (p.367). The methodology of the current study can be referred to as “pure netnography”, as it consists entirely of studies of online data collection from an online community (Kozinets, 2010). Kozinets (2002) explains that the “the novel, computer-mediated, textual, nonphysical, social cue-impooverished context of online communities [require]... a rigorous methodology that is adapted to the unique characteristics of online communities” (p.62). The unobtrusive nature of the methodology is of particular importance to the current study, as netnography allows for observation of the naturally occurring behavior of the support group and its members in context. In other words, the method is simultaneously naturalistic and unobtrusive (Kozinets, 2002), and allows the study of survivors’ naturally occurring behavior as they use the online community for social support.

Despite this strong flexibility in the approach it is possible to follow a set of methodological procedures in conducting an online ethnography indicating a rigorous set of scientific protocols. The current study employed the procedure recommended by Kozinets (2002, p.61, 63) for netnographic research (which he has adapted from traditional ethnographic research).

¹² Computer-mediated communication is generally considered to be any act of communication occurring through the use of two or more networked computers (e.g., instant messages, emails, chat rooms, etc.) (McQuail, 2005).

Figure 3.1: Flow of a netnographic research project (Kozinets, 2010, p.61).



1. Making cultural entrée: the creation of research questions and locating the appropriate online community(s) to address these interests. Specifically, the community should focus on the topic of the research question; have large number of postings and posters; contain descriptively rich data; and have member interaction.
2. Gathering and analyzing data: Gathering the direct text from the community and the researcher's observations of the community (both of which should be guided by the research questions) and ensuring that the data is contextualized within the community.
3. Analysis and interpretation: Breaking from traditional ethnography, the focus of netnography is the behavior or act (rather than the person) and therefore requires contextualizing conversational acts. Trustworthiness can be increased through triangulation with other methods (e.g., interviews, etc.).
4. Conducting ethical research: It is the responsibility of the researcher to fully disclose his/her presence and intentions during the research; to ensure the confidentiality or anonymity of community members; to request feedback from members on the research; and to ask permission from members to use any specifically quoted posts. Member checks provide opportunities for culture member feedback by disseminating findings of the research to members for comments.

The steps of a netnographic research project outlined in figure 3.1 will be used to organize the chapter. This chapter will explain how the present thesis applied the four steps required in a netnographic study across the three studies conducted in this thesis. Step 1 will detail the entrée steps taken in the present thesis; step 2 will detail the data collection performed across each of the three

studies in turn; step 3 will detail the analytic steps taken across each other three studies in turn' and step 4 will discuss the ethical considerations considered throughout the thesis.

3.1.2 Reflexivity

Before describing step 1 (*entrée*), it is essential to comment on reflexivity as an important element of ethnographical research. Generally, reflexivity in ethnography requires researchers to undertake a constant analytical and evaluative process of their own actions and beliefs (Abercrombie, Hill, & Turner, 2000). In other words, it is "a process of self-reference" (Davies, 1999, p.4). Reflexivity allows a researcher to acknowledge that her opinions and preconceptions will affect her perceptions of the culture under study because a researcher always has to interpret the data (Young, n.d.). The researcher is an integral part of the research process and has a role in the construction of meaning, where the researcher co-constructs the data (Davies, 1999; Young, n.d.). A researcher must be reflexive about her personal characteristics in order to allow her to locate herself in the research. Identifying differences between my own personal characteristics and those of study participants was essential in order to take steps to minimize the effect of these potential differences or misconceptions between us in the research process.

This means that reflexivity is a way of attending to the institutional location of historical and personal aspects of the research relationship (Parker, 2005, p.25). This position of the researcher then makes subjectivity into a crucial resource in the research process, and into something that can be made visible to the reader so that it is also useful for them if they want to take the work forward (Parker, 2005, p.26). As Kozinets (2010, p.169) explains, "one meaning of reflexivity is that the scientific investigator is part of the setting, context, and culture she is trying to understand and portray...Reflexivity is thus the extent to which the netnographic text acknowledges the role of the researcher and is open to alternative interpretations".

In terms of the epistemological stance of the current thesis, weak social constructionism recognizes that language has a constructive nature and does not simply mirror reality. The narratives and texts created in this thesis are representations of experiences by survivors who have utilized language to produce these texts in conjunction with myself as the researcher. In this sense, my involvement in the research process contributes to the construction of meaning. Reflexivity, then, allows me to explore how my involvement with this research both acts upon and informs the research. My subsequent narrative will acknowledge any preconceived notions that I have about sexual violence during the data collection and analysis process.

3.1.2.1 Reflexive preface

From the earliest age I can recall experiencing love, safety and nurturing from my family. As I grew through childhood, my teenage years, and into adulthood these feelings of belonging and support were enhanced through close and loving friendships. Thankfully, I can recall few examples where people's hurtful reactions to my decisions and life experiences were detrimental and painful. However, while these detrimental experiences are few, they are powerful and injurious and have affected me enough that I can recall them at a moment's notice when questioned.

While providing volunteer counseling services at my local rape and sexual abuse center I was struck by the unrelenting impact of people's negative reactions on clients' lives and coping ability. It seemed that those who received very little social support in coping with their experiences were even more likely to be hindered by these experiences, even decades later. At the center I had been working with a client who had never disclosed her childhood sexual abuse to family or friends before finally making the decision to come to the center. When I asked how she had coped with her victimization up to this point she responded, "With a lot of denial and a great online group of friends." Having a limited knowledge of online support groups at the time I began to consider the role that this "hidden" social support had for these survivors who were lacking social

support elsewhere.

The longer I worked at the center, and the more I read through the sexual violence literature, the more intrigued I was by the large amount of data pointing to the serious (and potentially life-long) consequences of victimization, and the scarcity of data providing real-world examples of how social support actually plays out in a victim's attempts to cope. The focus on symptoms and lack of regard for the construction of meaning was immediately apparent in the literature. Articles on the meaning-making after rape were few, and came mainly from the nursing field. With the relatively high prevalence of sexual abuse across the world it is essential that professionals understand the ways in which survivors construct their experiences, and change throughout the recovery process. Before the sexual victimization occurred, either as child sexual abuse over a number of years or a one-time rape as adult, these survivors of sexual violence had relationships with their parents and friends. What sort of relationships did these people have when they were victimized? Why did some relationships stand the test of time and test of trauma while others failed?

Therapy at the center often focused on aiding the survivor to deal with the victimization experience and their how their relationship issues are keeping them from leading a more fulfilling life. Sexual violence remains a prohibited topic in society and many survivors repeatedly feel silenced and invalidated in their attempts to make meaning and understand their relationships in the context of their victimization. I hope that this study will benefit survivors by encouraging professionals to also consider the advantageous and damaging impact of social support in the coping and therapeutic process. The literature often refers to the "secondary traumatization" that survivors can experience during the legal process of bringing a perpetrator to court; well, what of the secondary traumatization of unsupportive family and friends in disclosing and coping with sexual violence? In contexts where the survivor is allowed to share a story the person can feel accepted, heard, and begin to create meaningful relationships, whether in therapy, with friends, or online.

When I started the study I was driven by a desire to make sense of how survivors make sense of their victimization. As an undergraduate student my training was almost exclusively quantitative. While I was driven to examine survivors' sense-making of their experiences, I nevertheless saw benefit in other methods. Reading extensively throughout my postgraduate work I found that critical realism and weak social constructionism was particularly suited to my research interests in a multi-method investigation. Conducting research on sexual violence is difficult; there are times when I would recall particularly harrowing details of people's lives or fret over things I felt I should have (or should not have) said in interviews¹³. But, overall, I immensely enjoyed my immersion in the Survivors Online culture.

My previous experience with a crisis center has undoubtedly impacted the willingness of survivors to participate in this research; the way in which I conduct interviews with the survivors; and my analysis. Netnography not only allows for my role in the data collection and analysis process to be recognized, but requires that I do so. My role in the process has particular importance when discussing a sensitive topic like sexual victimization; many participants commented during the interview that my sympathetic and understanding style made them feel much more comfortable talking about such "awkward things". Harvey, Orbuch, Chwalisz and Garwood (1991) also report that empathy of the listener is important for the survivor in sexual violence interviews. Rather than viewing this prior experience of working with survivors as something that made me biased, this experience was viewed as being essential for preparing me to take on such a sensitive research topic. In fact, this previous experience was important in gaining ethical clearance for pursuing this topic. However, during the data collection I strongly feel that I was able to maintain my researcher voice (as opposed to my counselor voice) as a result of constant self-monitoring throughout the interviews. At times, however, this was difficult. I had to constantly remind myself not to make suggestions or recommendations for actions to the participants, regardless of how constructive (in my opinion!).

¹³ Refer to appendix H for excerpts from my fieldnotes providing more details of my research experiences.

As Bruner (1991) maintains, we inevitably assimilate narrative on our own terms by taking the teller's intentions into account in terms of our background knowledge and in terms of our presuppositions about the teller's background knowledge. Rather than considering the researcher's involvement as contamination, Bruner (1991) suggests that it is this "context sensitivity" that makes narrative viable for cultural negotiation. I was glad to have my past "biases and baggage" at hand during this research; without it I would have felt very lost throughout the research, as well as unsure of how to approach such a sensitive topic with survivors.

3.2 Step 1: Entrée

Entrée involves identifying the online communities most relevant to studying how survivors of sexual violence seek social support online. I began searching on www.google.com using various keywords such as online, community, forum, survivor, rape, sexual abuse, etc. Many of the links I came across were unrelated, the links did not function (the sites were no longer in operation), or continually referred me back to the site utilized in this study. It was apparent early on that the site utilized here was by far the most populated and popular of all of the other related forums to do with sexual victimization.

I choose Survivors Online because it contained the highest amount of posts and members (and therefore also contained the most data). It was also specifically tailored to supporting survivors of sexual violence and therefore particularly relevant to my research focus. Additionally, I felt it was important to locate a group that had a previous strategy for dealing with research requests, as this would be for the benefit and protection of the potentially vulnerable survivors of sexual violence. Similarly, I needed a group that was not overwhelmed with requests for research (and therefore likely to avoid incessant research queries).

Once I had located the site I was going to use for my research I spent the next two months “lurking” on the site to familiarize myself with the community and how it functions. I read through the “FAQ” page to learn about the characteristics of the community. During this lurking process I was not completely invisible to savvy community members. When you are logged in on the site (as you need to be to access the vast majority of threads – including the “research thread”) the site lists all members currently “logged in”. You can then click on any of these names and see how many posts the person had made, etc. I was aware of this issue and did not want to be perceived as a lurker who suddenly appears making research demands on the community. I therefore posted 1-2 comments a week during this two-month period in the research forum responding to research-related queries for articles, etc. In this way I was

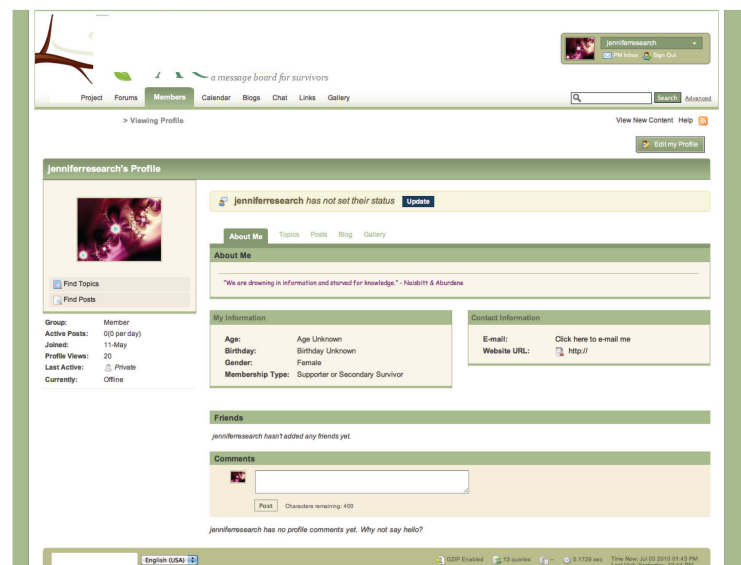
identifying myself as a researcher, but not assuming the role of “survivor”, which would have been misleading to any potential study participants.

To enter the forum as a member, as well as to seek permission as a researcher, I had to register on the site. To gain full access to the site it was required that I become a member. Without becoming a member I would only have access to three forums: healing messages; worldwide resources for help (e.g., helplines, crisis centers, etc.); and essay and articles to do with sexual violence. To become a member with access to all of the forums I registered as jenniferresearch to ensure that I could be clearly and ethically identified as a researcher, and not as a “fellow survivor”. This screen name is shown at the bottom of the screen when I am signed in (along with all other member signed in at that time), and on all posts that I made on the site.

A valid email address was required to register and to finalize membership to the site. I could then log on to the site and view all of the message boards. At this stage I also had the opportunity to provide more details about myself that would be visible to others on a “member page”. Other members could click on my name (on a post, for instance) and be brought to my personal member page. These details consisted of my contact details (if I choose to disclose them). I could also include a picture or “avatar”¹⁴ for my posting profile that would appear beside each message I posted on the forum. Here is an example:

¹⁴ An avatar is an image or picture displayed on a member’s profile and next to a member’s posts to make a member’s online identity more readily identifiable.

Figure 3.2: Sample profile on Survivors Online



This posting profile and avatar serves to make the member visually recognizable when posting and provides other members with a quick reference to basic details of the member, without ever disclosing their true, offline name or identity. Avatars can be the person's real picture or any image depicting pets, hobbies, artwork, etc. that serves to create an individual personality online.

Now that I had gained access as a site member, I also spent a lot of time on the “research” message board reading what other researchers had requested of the group's members, how they had requested it; and how members had responded. The majority of the “research” requests were from active community members who were looking for input ranging from undergraduate research projects to newspaper articles that they were writing. I highlighted only two previous requests from advanced, postgraduate academics. This was preferable as I was wary of requesting research participants from a group “bombarded” with research requests.

3.2.1 Online ethical issues

Online ethical issues will be discussed in more detail under the subsequent “step 4” section of this chapter. However, it is important to highlight some of the ethical issues that were considered at this initial stage of research. Unless prior

permission is sought, research is not permitted on the site. Someone with little ethical concern could easily conduct research by becoming a member and engaging in research without seeking the explicit permission of the site moderators. However, this was not what I wanted, nor would this have been ethically sound.



Fig. 3.3: *New Yorker* (1993) cartoon by Peter Steiner



Fig. 3.4: Cartoon altered Jennifer Yeager (2010)

As depicted by Peter Steiner's 1993 *New Yorker* cartoon, "On the Internet, nobody knows you're a dog". Well, "On the Internet, nobody knows you're a netnographer"! This cartoon depicts the need for the conduct of ethically-sound research online, as misrepresenting oneself is easily achievable.

In order to adhere to Kozinet's (2010) recommendations for conducting ethical research online, I emailed the moderators, outlining my research goals, and asked for permission to conduct three stages of research on the site. I received permission to access all of the boards for a limited time period in order to conduct all three of the studies. The procedures involved will be discussed in more detail in section 3.4.3.

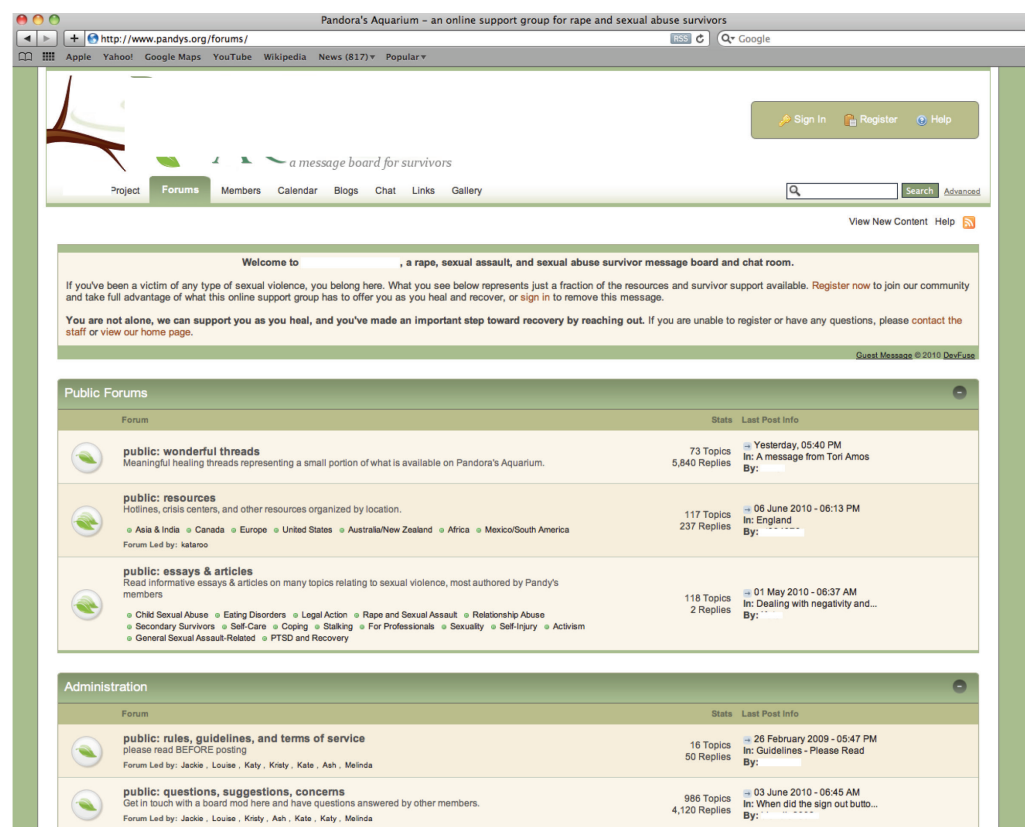
Generally, ethical concerns about online research can be summarized in two topics: are online forums private or public domains, and what constitutes informed consent online (Kozinets, 2002)? The literature has not yielded a clear agreement on these issues. After all, the members of the support site did not produce their communications with the intention of participating in a piece of research. Additionally, the site utilized in this study is membership and

password-protected, and should therefore be considered to be at least semi-private (it is argued that no communication on online message boards is completely private as anyone can potentially become a site member to read content) (Langer & Beckman, 2005). Therefore, to ensure an ethical entrée to the site, I identified myself in postings to the community and provided my credentials after requesting the direct permission of the board moderators to post on the research forum.

3.2.2 An overview of the website

When entering the online community, you are greeted with a welcome page, outlining what the site is about.

Figure 3.5: Survivors Online welcome page



As can be seen from the cover page, the initial screen outlines whom the site is for, stating: "If you've been a victim of any type of sexual violence, you belong here". Potential members are clearly told, "You are not alone, we can support

you as you heal, and you've made an important step toward recovery by reaching out". The purpose of the site is to "get help and support in a safe, moderated environment". The introduction page highlights the main functions and benefits of the site, inviting members to "Register now to join our community and take full advantage of what this online support group has to offer you as you heal and recover".

The introduction page then offers links to the three public forums (wonderful threads, worldwide resources for help, and essay and articles to do with sexual violence) and two administration forums (dealing with rules and guidelines and questions or concerns). The public welcome page also provides some board statistics showing how many users have been active in the past 30 minutes on the site; which members are currently in live chat; who is celebrating a birthday today; upcoming events within the next five days; and other board statistics listing how many posts have been made to date, number of registered members, and the newest members.

Figure 3.6: Survivors Online introduction page

The screenshot displays the Survivors Online introduction page. The top section, titled 'Administration', lists two forums: 'public: rules, guidelines, and terms of service' (16 Topics, 50 Replies) and 'public: questions, suggestions, concerns' (986 Topics, 4,120 Replies). Below this, a green bar indicates 'Today's active content', showing '103 active user(s)' and '6 Member(s) active in live chat'. To the right, a box titled 'Our Board Statistics' provides key metrics: Total Posts (1,113,649), Total Members (18,875), Newest Member, and Online At Once Record (4,461). The bottom of the page features a disclaimer and site information, including the date 'Time Now: Jun 08 2010 02:35 PM' and the power source 'Powered By IP.Board © 2010 IPS, Inc.'.

This information serves to create a community feeling on the webpage, which may be especially important in encouraging those who have not yet registered to

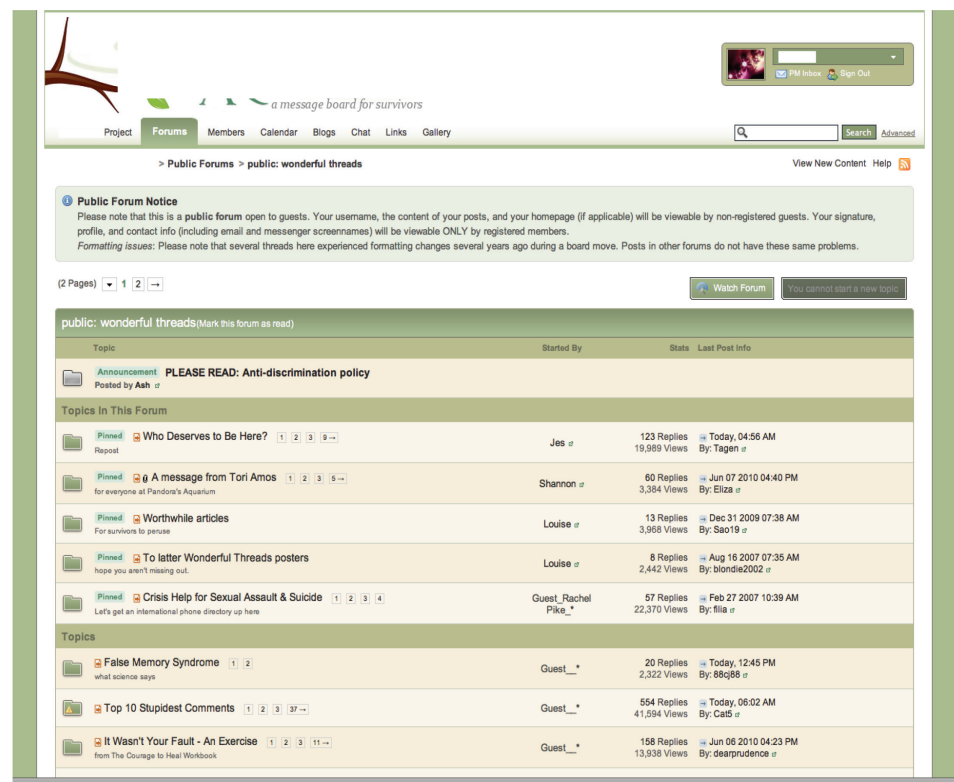
do so. For instance, the birthday reminders help people to remember fellow members' special days and allow people to be recognized and feel less isolated. Similarly, displaying information like the total number of members of the community shows users how popular the site may be and how large the community of like-minded individuals is growing. It once again, emphasizes that the survivor of sexual violence is not alone.

The introduction page also has a log-in and password facility so that registered members can enter the forums with full access. After entering my log-in details the site provides all of the information previously available to the public, as well as the forums only available to members. The main forum menus are seen as a list of topics in bold with a brief description of what each forum entails afterwards. These categories are then split into sections containing sub-forums, all leading to a different section of the community.

This main page also has a quick menu bar across the top of the screen providing access to the following categories: search; members; help; chat; blogs; links and calendar. These category menus are how members access the rest of the site. Clicking on any of these topics brings a member into the forum, which displays members' posts relating to that topic.

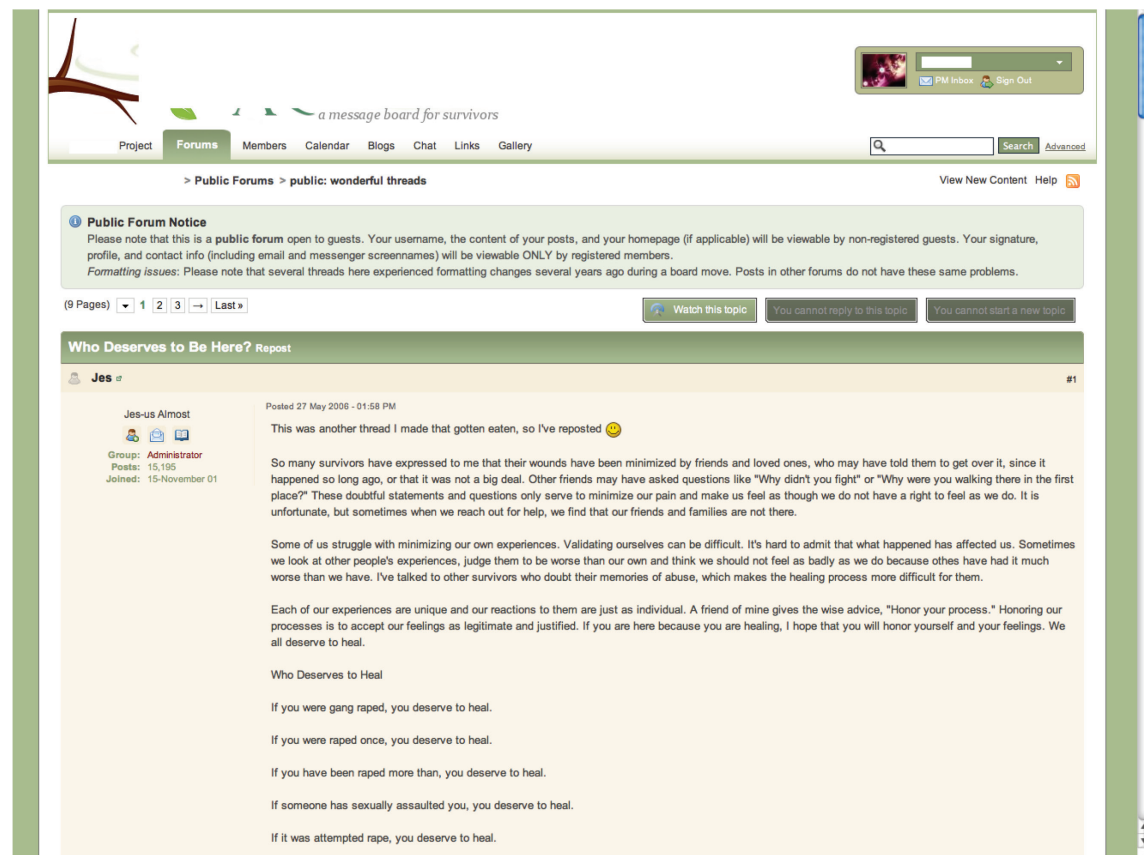
For instance, the following figure depicts the screen a community member is taken to when the "public: wonderful threads" forum is clicked.

Figure 3.7: Public: Wonderful threads forum



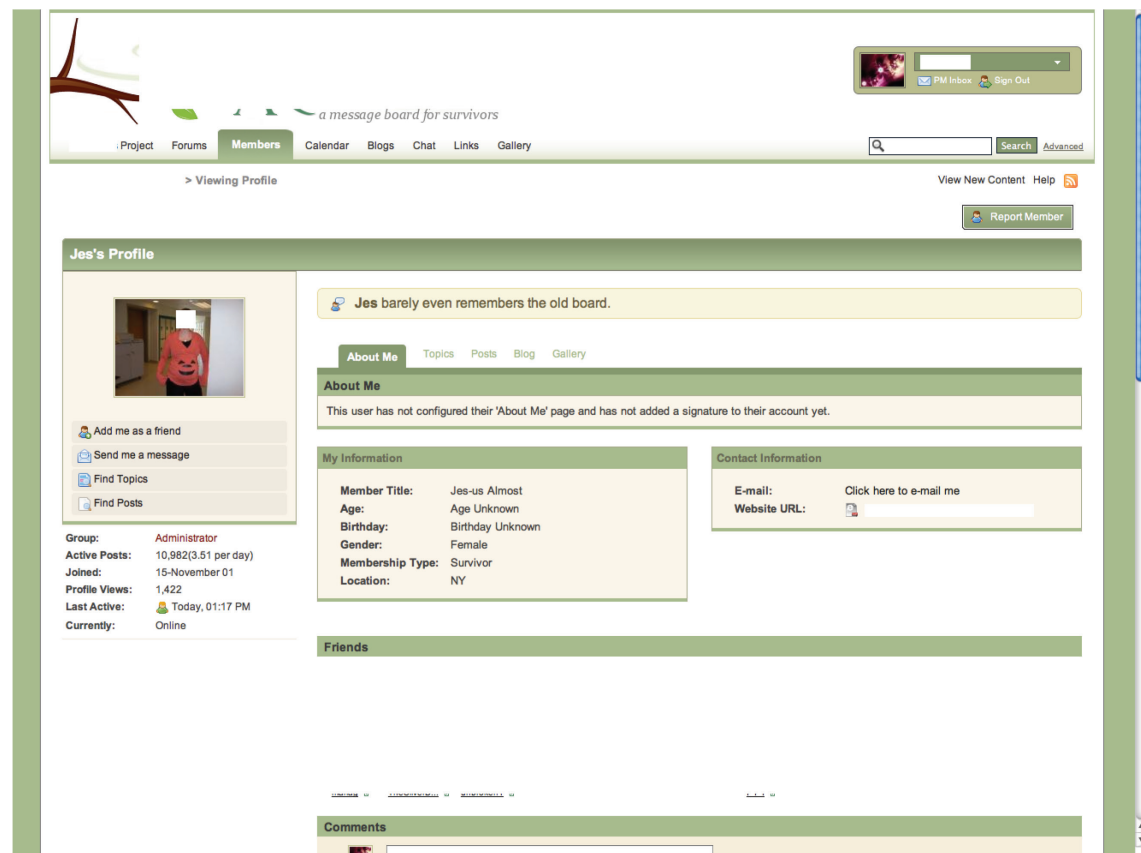
Layout within the sub-menus consists of the title of the subject of discussion, followed by the name of the author and the date posted. Next to this is the name of the last person to comment and the date and time they commented. These discussion titles are listed down the page from newest to oldest comment, and as a discussion topic is replied to it moves up to the top of the list. Clicking any selected title enters you into the screen, which shows the initial discussion and all consecutive replies made. For instance, clicking on the “Who deserves to be here?” topic, brings the site member to the following post (and subsequent replied by other members to the initial post).

Figure 3.8: Public: “Who deserves to be here?” topic



Clicking on the author's name or the name of the last person to comment takes you to the summary link about that person (if they have filled out information about themselves). Clicking on "Jes" name in the above post brings the site member to Jes' personal information page.

Figure 3.9: Jes' personal information page



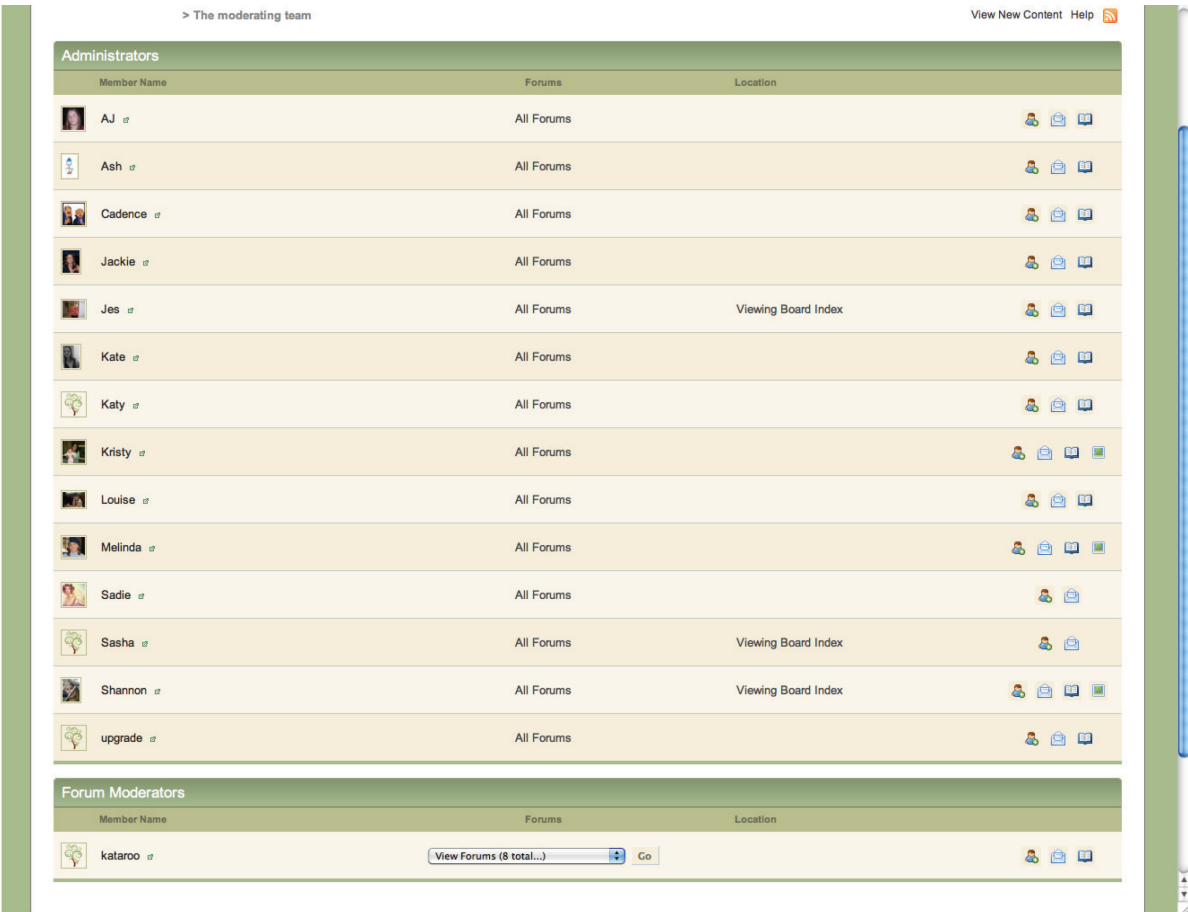
3.2.2.1 Moderators

Thus far I have discussed the layout and format of the survivor website. However, for this online group to function as a community it must have community guidelines as with any group in the offline world. Generally, the moderators are responsible for facilitating the posts and discussions, and enforcing the “community guidelines”. As in the real world, groups and communities have rules that are enforced by certain members empowered with the authority to “punish” members who do not adhere to these rules. The online community is no different in this respect, and provides moderators who monitor the forums for inappropriate behavior. The moderators are particularly important on sexual violence forums where inappropriate behavior can be particularly detrimental to members seeking advice and support. In fact, the survivor website highlights on their introduction page the fact that the online

community is protected by moderators as one of the major benefits of this particular online group.

Survivors Online provides a link to “the moderating team” at the bottom of the homepage. Clicking on the link takes the site member to a list of the 15 moderators. The page also tells the site member who is currently signed on and where they are “located” on the site (e.g., which board they are currently reading).

Figure 3.10: Moderator information page



Clicking on a moderator’s name takes the member to the moderator’s personal profile (as depicted in figure 3.9).

The moderators are also central to conducting research on Survivors Online. The moderators directly control the research board, providing a level of assurance for site members. This helps to establish a basic level of trust on the site from the outset (e.g., site members feel that if the research has been accepted on the board, it is trustworthy). The importance of this moderator support will be outlined further in the procedure of study two.

3.2.2.2 *Board statistics*

In order to provide a general context for activity on Survivors Online, this section will outline some general board statistics from the site. The subsequent table illustrates that the site has received over 1.1 million posts to date (since commencing operations in 1993), and that the site currently has 18,000 members.

Table 3.11 Board statistics from Survivors Online

| Category | Statistic |
|-----------------------|----------------------|
| Total posts | 1,119,054 |
| Total members | 18,753 |
| Online at once record | 4,461 (May 26, 2010) |

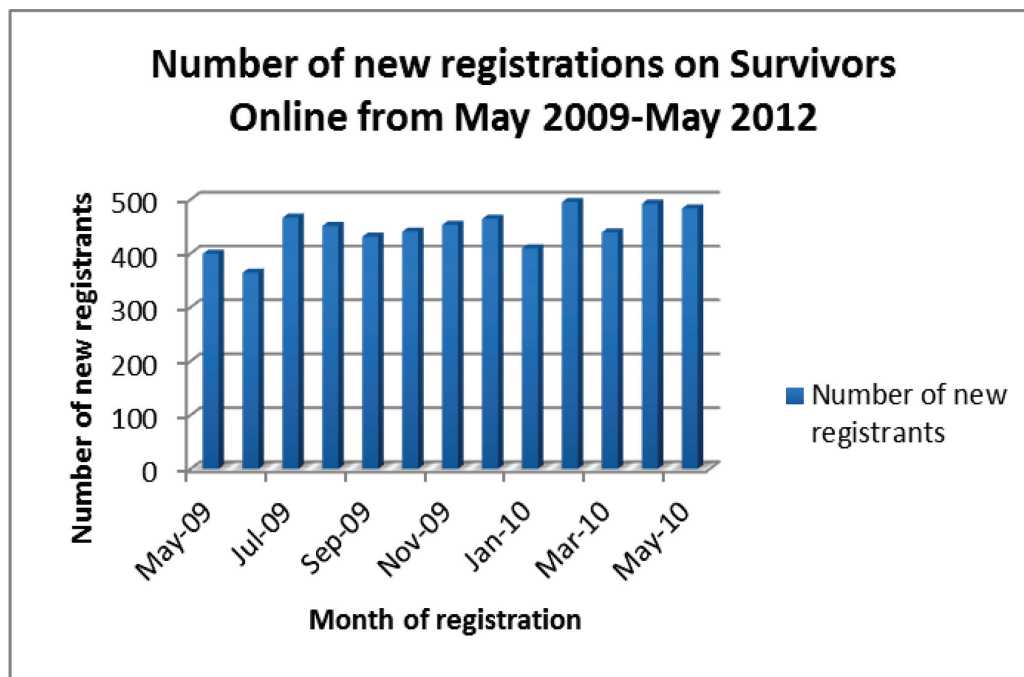
In terms of a gender breakdown, the vast majority of members are female (88%), followed by males (11%). An additional 0.5% identify as transgender.

Table 3.12: Gender of members

| Category | Statistic |
|-------------|-----------|
| Female | 16,540 |
| Male | 2,111 |
| Transgender | 102 |
| TOTAL | 18,753 |

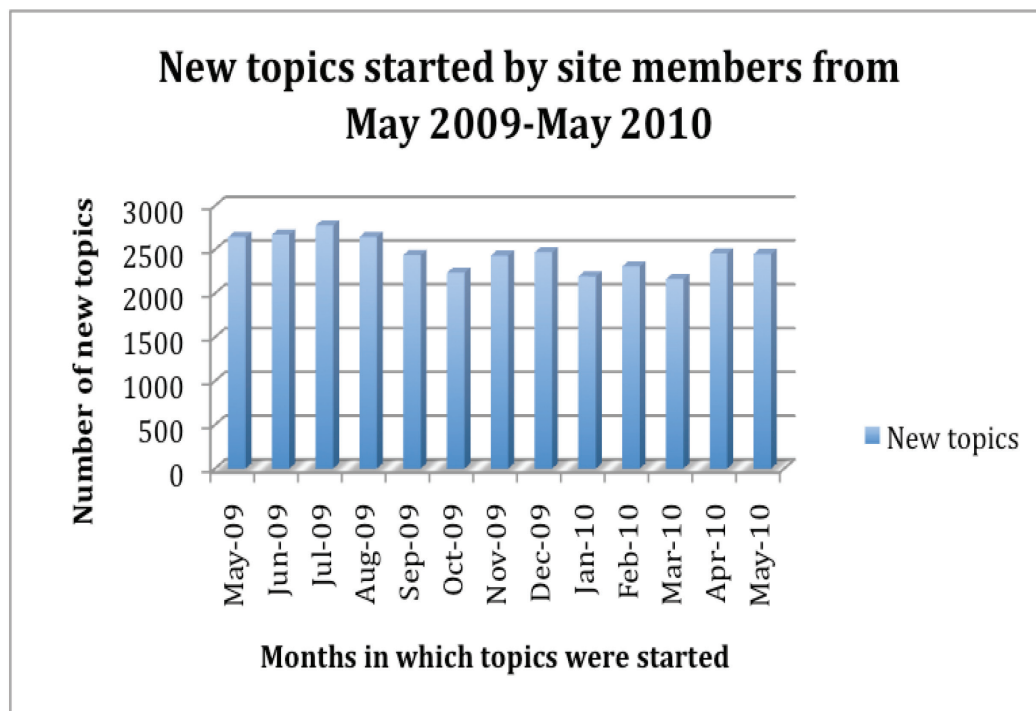
As identified in the entrée section previously, it was essential to identify an active site dealing with support of survivors of sexual violence. The following three charts depict the joining and posting activity of members.

Figure 3.13: Number of registrations on Survivors Online from May 2009 – May 2010



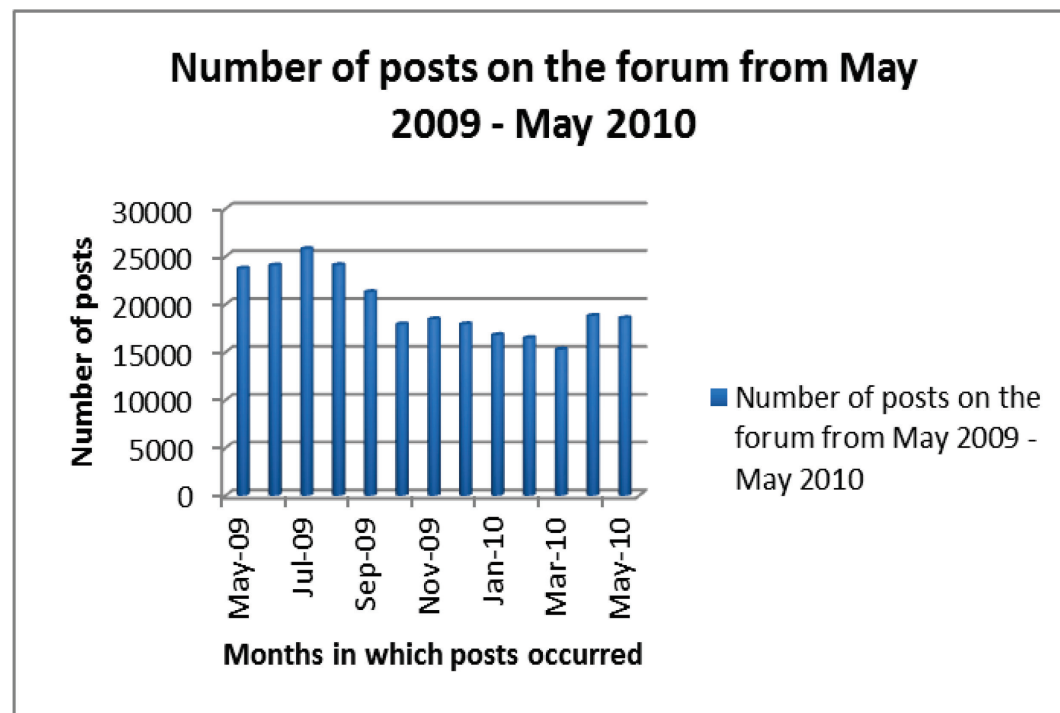
We see here that the number of new people joining the site is relatively consistent from May 2009 – May 2010, ranging from the lowest at 364 in June 2009 to the highest at 492 in April 2010.

Figure 3.14: New topics started by site members from May 2009 – May 2010



Again, the number of new topics has also remained typically constant in the year under review. The lowest number of new topics started on the forum by members was 2164 in March 2010 and the highest was 2776 in July 2009.

Figure 3.15: Number of posts created on the forum from May 2009 – May 2010



Finally, the last chart depicts the number of posts in total across all threads on the forum from May 2009 – May 2010. The site seems to have become less active in 2010 in terms of the number of posts. The month with the least amount of posts was in March 2010 where 15,272 posts were documented, in contrast to the busiest month, July 2009, where 25,789 posts were recorded.

These statistics illustrate the large amount of data present on Survivors Online, and the heavily-active nature of the forum. In conclusion then, section 3.1 has depicted the entrée process of Kozinet's (2010) netnographic procedure. The next step concerns data collection on the site.

3.3 Step 2: Data collection

The second step of Kozinets' netnographic procedure involves data collection. As previously highlighted, netnographic data should collect three types of data (Kozinets, 2010, p.98):

1. *Archival data*: Data that the researcher is not involved in creating, and is therefore directly copied from the community.
2. *Elicited data*: Data that the researcher co-creates with members through interaction.
3. *Fieldnote data*: The researcher's fieldnotes regarding observations of the community that are usually reserved for the researcher's own purposes¹⁵.

The following section will explain how this multi-method thesis has collected all three types of data as recommended by Kozinets (2010) in a netnographic study.

3.3.1 Study one: Elicited data (*A narrative analysis of interviews with survivors of sexual violence*)

Study one captures elicited data (as described in section 3.3). Elicited data is co-created between the researcher and community members. Study one aimed to provide an understanding of why the survivors have turned to Survivors Online for support in coping with their victimization.

3.3.1.1 Participants

In study one, 10 self-identified survivors of sexual violence were interviewed online via an instant messenger service. The respondents ranged from 18-48 in age, and were from Australia, the United States, the United Kingdom, and Ireland. Demographic information is presented in table 3.16.

¹⁵ Refer to appendix H for fieldnote excerpts.

Table 3.16: Participant’s Demographic Information

| Name | Gender | Nationality | Location | Ethnic group | Education level | Current relationship status | Sexual orientation | Age | Your age at time of assault(s) ¹ | Gender of perpetrator |
|---------|--------|-------------|-----------|--------------|------------------|-----------------------------|--------------------|-----|---|-----------------------|
| Tim | Male | American | USA | White | High school | Married | Heterosexual | 48 | 22 | Male |
| Mark | Male | American | USA | White | Postgraduate | Single | Bisexual | 42 | Adolescent | Male |
| Paul | Male | British | England | White | Some college | Cohabiting | Heterosexual | 23 | 3-9 | Male |
| Andrew | Male | Irish | Ireland | White | High school | Separated | Heterosexual | 47 | 6-11 | Male |
| Gary | Male | British | England | White | Undergraduate | Cohabiting | Heterosexual | 32 | 27 | Male |
| Valerie | Female | American | USA | White | Some high school | Cohabiting | Bisexual | 18 | 11 | Female |
| Cathy | Female | American | USA | White | Some college | Single | Bisexual | 24 | 5-9 | Female |
| Abby | Female | Australian | Australia | White | Undergraduate | Married | Heterosexual | 32 | 14 | Male |
| Julia | Female | American | USA | White | Some college | Cohabiting | Heterosexual | 25 | 16 | Female |
| Diana | Female | British | England | White | Undergraduate | In a relationship | Heterosexual | 29 | 22 | Male |

¹ Some of the study participants were victimized as children, some as adolescents, and some as adults. Participants representing heterogeneous experiences were desirable in this study in order to ensure variability in considering any similarities or differences in meaning making for survivors.

Due to the innovative nature of the research, it was decided that the participant sample needed to provide the widest possible variation in experience in order to gain a more comprehensive understanding of why people turn to the Internet for support in order to cope with their sexual victimization. The sample of 10 survivors was considered large enough to ensure variability amongst the narratives. My priority was not to gain a representative sample, but to gather a sample with a variety of sexual victimization experiences in order to understand survivors' meaning-making. This was a convenience sample as the online community members in this study self-selected to participate.

Participants defined sexual violence for themselves as opposed to being asked to select their experiences from pre-defined categories. Muehlenhard, Powch, and Giusti (1992) echo this argument, stating that allowing participants to define sexual abuse is a respectful and empowering approach. However, the authors also highlight that many participants are likely to fit within rape stereotypes because many survivors may not label their experiences as typical, or as constituting rape or child sexual abuse. It may also have been possible that survivors did not believe that their experiences fit within the boundaries of the legal definition of sexual victimization; however, membership on the support web site infers that the members at least accept that they have been victimized in some way.

3.3.1.2 Data collection

An introductory message was posted on a research message board designated for use by researchers requesting information from the website's members (reproduced in Appendix A). The post was very general in nature, with the aim of collecting data from a group with a wide variety of experiences, in order to be consistent with the exploratory purpose of the research. The letter provided an explanation of the study and invited people over the age of 18 who were interested in participating to contact me via a private message on the website or to email me directly. The post also acted as an informed consent document in order to keep the identity of the sender both anonymous and confidential. The

post explained the risks and benefits involved in participation and participants were informed that contacting me to participate signified their agreement and understanding of what they were being asked to do. This ensured that the participants did not have to provide their signed name on any forms.

In order to minimize risk to the participant, questions posed concentrated on the survivors' experiences of social support (and not explicit details about the assault). No compensation was offered for participation in this study. The participants were informed that precautions to protect their anonymity, confidentiality, and data would be taken. All data and information that could potentially identify the participant (such as their screen name, email address, etc.) would be removed from their interview data. It is possible to locate a person via their IP address but this information would only be available to the owners of the website. If the respondent does not provide their identifying data then the person is anonymous to the researcher. The interviewees were assigned pseudonyms and were stored in a password-encrypted file on the researcher's computer. A hard copy of the data was printed out for analysis purposes.

3.3.1.2.1 Interview

Since the online support group operates through written text online it was decided that data collection should also operate via written text online. This provided an additional element for analysis that is novel to the field of narrative analysis. Previously, narrative analysis has focused on myths, folk tales, legends, histories, epics, toasts and sagas (Labov & Waletzky, 1967). However, Labov and Waletzky (1967) suggest that spontaneous oral versions of personal experience are much better suited to narrative analysis. While narrative analysis is, in many ways, a simpler process when a person has logically set out their experiences for the reader, this is not how spontaneous speech and discussion occurs between people when a person is recounting the “story” of their experiences.

The decision to conduct the interviews online was based on the interviewees being amenable to the Instant Messenger technology required (each of the 10 interviewees that participated in online interviews had previously used and had access to an instant messenger service), the interviewer’s familiarity with the technology, as well as an interest in assessing the usefulness of the methodology, as online interviewing provides a means of engaging in research where it otherwise may not be possible when taking time and financial constraints into consideration. Many researchers have noted that, as the anonymity of a research setting (e.g., via online interviewing) is increased, the more likely the respondent is to be completely honest or disclose more embarrassing information (Garcia *et al.*, 2009; Hinchcliffe & Gavin, 2009; Riva, 2002; Turner, Forsyth, O’Reilly, Cooley, Smith, Rogers, and Miller, 1998; Turner, Ku, Rogers, Lindberg, Pleck, and Sonenstein 1998).

The strengths of online interviewing as a data collection method are numerous. Online communication is inexpensive and is not hampered by vast geographical distances. Conducting interviews online also allows for large population access, minimal experimental costs over distance, and the elimination of transcription time and costs (Riva, Teruzzi & Anolli, 2003). There is, additionally, a written record of the interaction created for both the interviewer and respondent. In terms of researching ethically sensitive topics like sexual violence, online interviewing has the important benefit of allowing the interviewee to remain completely

anonymous. Hinchcliffe and Gavin (2009) reported that their participants valued the anonymity of online interviews over the comparatively embodied experience of face-to-face interviewing. Anonymity has also been shown to facilitate participation, engagement, reflection and honesty (Ho & McCleod, 2008). In addition, online conversation allows participants to consider their words (and rewrite them) prior to sending them to the recipient, therefore allowing participants to author their narratives (Crichton & Nash, 2003; White & Epston, 1990). However, this ability to control the presentation of the self does not necessarily lead to stagnant interaction as the nature of the conversation (and the waiting “other”) keeps the conversation “spontaneous and unrehearsed” (Crichton & Kinash, 2003, p.4). The process of online interviewing therefore provides the respondent with more control in the research process.

Mustanski (2001; p.295-296) also reports that socially-isolated and atypical individuals are well-represented on the Internet. The Internet may therefore facilitate recruitment of survivors of sexual violence because many of these individuals have formed “virtual communities” for discussion, support, and networking. The tendency for members of vulnerable, disadvantaged, and marginalized populations to use the Internet is high, and can be considered a primary source of information and social support for some people (Illingworth, 2001). Illingworth (2001) argues that Internet interviews empower both the researcher and the respondent because the Internet has become a primary source of information and social support for many vulnerable groups. People in remote areas, who may not normally be recruited as study participants, are also increasingly using the Internet. As a result, research utilizing online interviews is essential to access these “hidden” survivors. Additionally, online interviewing allows participants to complete the interviews from a familiar home environment (e.g., home office, bedroom, etc.) (Meho, 2006).

These benefits were considered in conjunction with the challenges inherent in online interviewing. The participants (as well as the researcher) must have a certain level of technical ability. Additionally, the researcher must possess certain research skills, as I had to continually monitor my presentation of self in a non-physical, textually-based environment, and to interview in an environment where it is not possible to monitor people’s expressions or body language. However, Crichton and Kinash (2003) argue that this is also a positive element of

online conversations as there are no frowns, yawns, etc. to discourage reactions, or the possibility of misreading body language. The authors maintain that, “the absence of visual, bodily cues, and the fixed nature of printed words allows participants to stay oriented to the other's intentions” (Crichton & Kinash, 2003, p.4). Initial research on online interviews published in the early 2000s argued that online chat, where communication is restricted to text, has very low social presence (i.e. there are no auditory or visual cues that are available in face-to-face interaction). Social cues available in face-to-face interactions help to indicate appropriate boundaries for behavior by providing information on the gestures, facial expressions, symbols of authority, and social status of the speakers.

Some research has argued that when these cues are absent (as in online interaction) people become more self-oriented, leading to more uninhibited or hostile behavior (Riva, 2002; Thurlow, 2003). By contrast, a larger body of literature has challenged the assumption that computer-mediated modes of communication are impoverished and antisocial as a result of the text-based nature of the interaction (Crichton & Kinash, 2003; Hinchcliffe & Gavin, 2009; Meho, 2006; Riva, 2002; Sherman, 2001; Thurlow, 2003). Thurlow (2003) argues that computer-mediated communication (CMC) enhances communication by allowing for multiple or parallel communication modes, rather than replacing face-to-face interaction. As a result, CMC offers an attractive combination of discretion, intimacy, and fun that can sometimes be more empowering than face-to-face interaction. It has been reported that disclosure of personal information is higher online, particularly when participants are anonymous, because they are less concerned about the impression they are making (Sherman, 2001; Riva, 2002); in other words, the lack of cues and reduced evaluation anxiety may lead to more equal participation from low status and shy individuals. Sherman (2001) also recounts that the cues that influence perceptions online are different from those in face-to-face interaction, but people can learn to attend to and use online cues, if they have enough time and

motivation to do so, by learning to communicate using textual devices such as emoticons¹⁶.

A related limitation of online interview concerns the limited options for the interviewer to provide encouraging nonverbal cues. It is also sometimes difficult to know whether a person is not responding because they have stopped to consider the question posed; whether they have completed their response; or whether they have chosen not to respond because they are upset. However, many of the instant messenger programs for online interviewing now update participants on what the other person is doing. For instance, one program will show “Jennifer has stopped typing” or “Jennifer is typing a message”. These advances in programming are working towards aiding researchers by providing additional contextual cues.

Despite these limitations, many researchers have noted that their online interviews are engaging and that the technology did not hamper the process, but rather provided for rich and stimulating dialogue (Crichton & Kinash, 2003). Even respondents who were not familiar with online interviewing reported that the technology was fast, easy to use, and an enjoyable experience in other research (Hinchcliffe & Gavin, 2009). As Hinchcliffe and Gavin (2009, p.333) conclude,

IM is more than just a novel research tool to be exploited, it is a ‘cutting edge’ communication medium...Consequently, IM was considered by respondents and researchers alike as being convenient, easy, a comfortable and very enjoyable experience for innovative online interviewing.

This point is echoed by Meho (2006), who argues that the disadvantages of online interviewing are easy to overcome and provide researchers with a method for generating high-quality data.

¹⁶ Emoticons are designed to convey emotion in plain text (e.g., 😊 = happy, 😞 = sad, 😜 = wink).

The semi-structured interview questions were first emailed to the moderators on Survivors Online to examine for question ease and possible emotional triggers. The moderators did not recommend any changes.

Willing participants were asked to contact me via email. When participants emailed me expressing their readiness to participate, they were asked about the feasibility of downloading an Instant Messenger program so that they could be interviewed online. All of the participants were able to do so and these participants were asked to email me their Instant Messenger user names and a time that we would both sign on to conduct the interview (I provided each respondent with a list of my available times). At this time participants were also emailed the brief background survey (see appendix C) and asked to email it back to me with their availability to chat online.

Online instant messenger programs are downloaded free of charge to anyone with Internet access at www.hotmail.com for MSN Messenger, www.aol.com for AOL Instant Messenger, or www.yahoo.com for Yahoo Messenger (participants were given a choice of any service they wished to use). Instant Messenger allows the users to create a private chat room to communicate one-on-one. Instant Messaging is synchronous (occurring simultaneously between two users as in any normal telephonic or face-to-face interaction), therefore allowing conversation in real-time that can capture the spontaneity of traditional interviews. Each user creates a list of people to interact with (usually called a "buddy list"); a user can then send messages to any of these people as long as they are signed on to the service, as in figure 3.17.

Figure 3.17: A user's buddy list and Instant Messenger window (AOL Instant Messenger service)

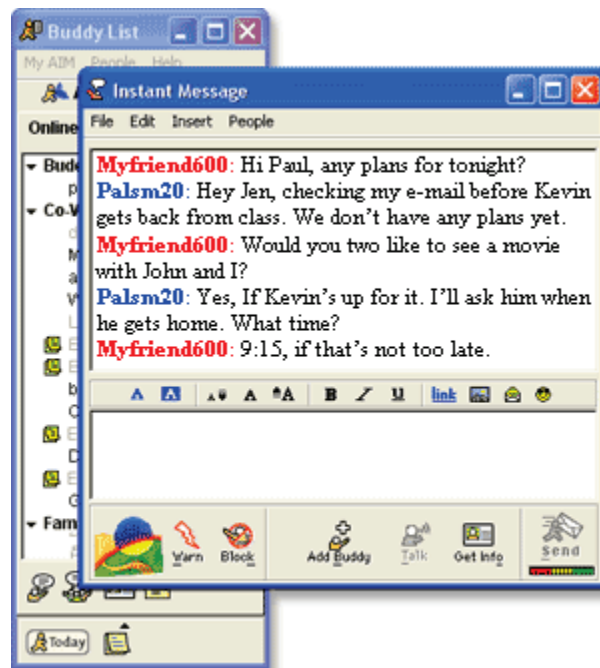
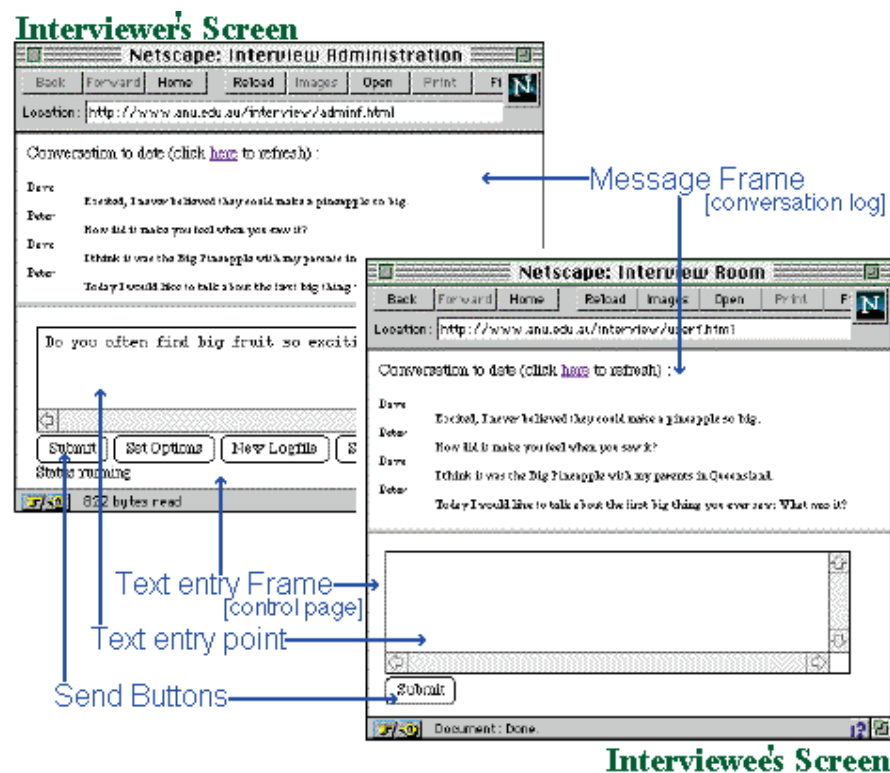


Figure 3.17 depicts a buddy list and example instant message if one was communicating via AOL Instant Messenger. The buddy list above shows a complete list of all the people a user may wish to communicate with, where the names of buddies that are signed on are highlighted in bold. Clicking on the person's name in the buddy list then opens up a messaging window that will allow the two users to begin communicating, as illustrated. This is further depicted below in figure 3.18, which shows the interviewer and interviewee's screens during an online interview.

Figure 3.18: The interviewer and respondent's screens during an online conversation (Figure reproduced from Chen & Hinton, 1999).



The figure above shows how two computers linked through the Internet allow the interviewer and respondent to communicate through entered text. One person enters text and clicks the “send” button. This message is then updated on the other person’s screen. Although the size of the utterances sent back and forth between users are determined entirely by the speaker, utterances are generally short (5-13 words), increasing the feeling of interactivity (Riva, 2002). It is also impossible to overlap utterances; two users may type at the same time, but their utterance is only displayed to the other person by hitting “return”. In other words, the conversation appears on the screen as a linear progression of lines of text, regardless of the dynamics of the conversation. However, Chen and Hinton (1999) report that this linear progression can take on the form of a regular conversation through the use of more informal questioning, or through rapport establishment at the beginning of the interview process, both of which were employed in conducting the interviews in the present study. The text of the interaction can also be saved electronically throughout the conversation.

In addition to allowing two people to communicate privately (one-on-one), the Instant Messenger programs allow a user to block other service users from being

able to see if they are logged in to the network. For instance, during an interview I blocked all other people who have my user name from being able to contact me so that I was not interrupted while conducting the interview (the other user is not aware that they are being blocked; my name would just remain un-highlighted on their buddy list). This simply helps to avoid previous interviewees feeling rejected or ignored if I am online and unable to talk to them at that time.

At the beginning of the interview participants were reminded that the interview would focus on questions about their social supports and not on specific details of their experiences (this was also the case for studies two and three). The participants were asked if they had any questions before commencing. It was stressed that participants should not hesitate to “interrupt” the interview and ask any questions if they so desired. On average each interview lasted approximately 1-1.5 hours. At the completion of the interview participants were asked if they had any queries about the questions they had been asked or about the study in general. They were finally told to contact me via email if they had any additional worries or questions.

Since the responses to the questionnaire were collected online via an instant messenger service they were immediately saved to a computer file. Transcription of the text was therefore not required and no changes were made to the written text of the conversations. However, all identifying information was removed and pseudonyms were assigned to the survivors and anyone mentioned by name in their interviews. Any other identifying information, such as name of the support group site, was also removed.

3.3.1.2.2 Semi-structured interview format

Following a review of the literature summarizing the “buffering” effects of social support to trauma, an interview schedule was developed to assess the survivors’ experiences with the aim of examining how the survivors defined and made sense of received social support (see appendix B). A semi-structured interview was designed to facilitate the flow of the interview through the inclusion of probes and follow-up questions. The questions were broad in scope and open-ended to provide each survivor with the opportunity to construct meaningful answers about their victimization (Riessman, 1994). This was accomplished by creating main, exploratory questions to deal with a variety of responses. I then created follow-up and probe questions that anticipated vague or sketchy responses, as below.

1. Who was the first person you told? When?
 - a. If waited a long time to tell someone: Why did you wait?
 - b. If you did not tell anyone about the assault why not?
 - i. Were you worried about their reaction? That they wouldn’t understand? That they may blame you somehow?
 - ii. Would you have liked to tell someone (Who?)

As described by Rubin and Rubin (1995), I designed the questions to be open enough to allow the respondents to express themselves, while being focused enough to stay on the general topic of coping with sexual victimization, in order to provide unity to the interview. This also allowed the respondents to raise their own issues for discussion. The participants were regarded as the experts on their experiences and the interview was used as a tool to hear the survivors’ voices (Mishler, 1986).

Taking ethics into consideration, the respondents were told to ask any questions and to feel free to stop the interview at any time at the beginning of the interview. The respondents were previously made aware of the sensitive topic of the interview and informed about the content of the questions that were going to be asked. The interviewees were told that the questions would be about their experiences of social support while coping with their victimization. They were

also reassured that questions would not ask for details about the actual event because it is both unnecessary for the aims of this study and much more potentially traumatic for the respondents. I then guided the discussion by asking main questions that I had previously prepared. At the conclusion of the interview respondents were again asked if they had any questions and thanked for their time and participation.

Before beginning data collection, the sample interview schedule was emailed to two of the moderators of the online support site in order to verify the suitability of the topics addressed. Both moderators agreed that the questions were appropriate for survivors and did not require any modifications.

The interviews took the form of an online conversation between the survivor and myself. The interviews varied in length from an hour to over 1.5 hours on average, with one interview taking three hours.

The following chapter will detail the data collection performed for study two (followed subsequently by study three) in this thesis.

3.3.2 Study two: Archival data (*A content analysis of posts on the support site*)

Study two aimed to describe the kinds of support exchanged between members to provide an understanding of the actual support provided and received online, and focuses on capturing the first type of data: *archival*. Archival data on Supporters Online are written communications between members on the message board. Archival data on the support site in this study consists of posted messages stretching back over a six-month period (although the site archives messages posted within the last year). Kozinets (2010) explains that this archival data “amounts to a cultural baseline” for the support group, and suggests that the analysis of archival data is an “excellent supplement to cultural participation” (p.104). Working within the framework of a pluralistic methodology, study two aims to complement the data elicited via cultural participation in study one with the analysis of archival data here in study two.

As the site offers a large number of forums and message postings, the significant amount of data downloaded was restricted to messages posted over a one-week period, totaling 755 posts. Data was carefully selected, based on the most relevant thread category. This thread was selected based on the large amount of posts, relevant topic matter, and conversational participation by community members. As the thread of interest is only accessible to registered members on the site I requested permission from the board moderators to be granted access to the site in order to perform a content analysis on the data and to utilize any direct quotes in my research. Permission was granted based on no complaints from site members and my requesting permission from the individuals whose quotes I wished to use. I agreed to these conditions and the moderators posted a message on the forum, advising members that the forum would be subject to research for a one-week period (see appendix D).

Based on conversations with the forum moderators, a one-week sample provided sufficient data for coding patterns of interaction and social support given the large volume of messages posted daily. The moderators advised that

approximately 30-60 new threads were posted every day on the “My Voice” forum. Additionally, threads tend only to stay active for a day or so. The moderators therefore suggested that it would not be relevant to monitor a thread over the course of a few weeks.

In the one- week sample period, 92 members posted a total of 755 messages to the “My Voice” forum. The participants were all members of the Survivors Online site. However, due to the anonymous nature of posting online ,it was not possible to collect data about the participants (e.g., in terms of age, gender, etc.). All of the posts across the one-week period were copied from the original forum (verbatim) and pasted into a Word document for analysis (totaling almost 400 pages of posts and including data such as the member’s name, time of post, date, etc.).

3.3.3 Study three: Elicited data (*Content analysis of an Internet usage survey with survivors of sexual violence*)

Study three also involves collecting elicited data (as in study one), and aimed to assess how survivors practically use the Internet to cope (e.g., email, chat rooms, etc.). However, the data elicited in study three takes the form of surveys administered online to members of Survivors Online.

3.3.3.1 *Participants*

102 members of Survivors Online completed the online survey in its entirety. 49 additional people started the survey but did not complete the full number of questions, and were therefore discarded. Of the 102 participants 16% (n = 16) were male and 84% (n=84) were female. In terms of level of education (Figure 3.20), the majority of participants had completed some college or university (41%, n=41), followed by a completed undergraduate course (28%, n=28) or postgraduate (16%, n = 16). The remaining 16% had either completed some or all high school or secondary education.

Figure 3.19: Gender of respondents

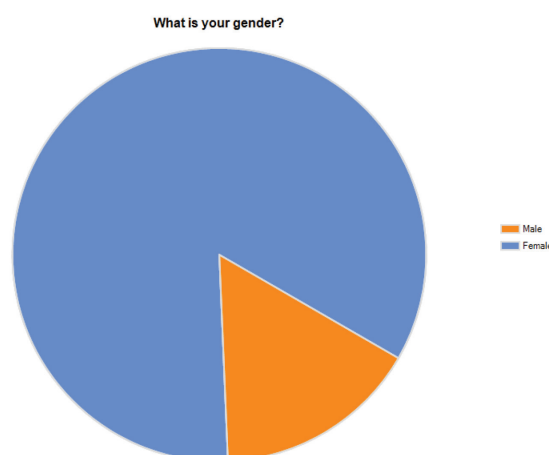


Figure 3.20: Highest completed education level of respondents

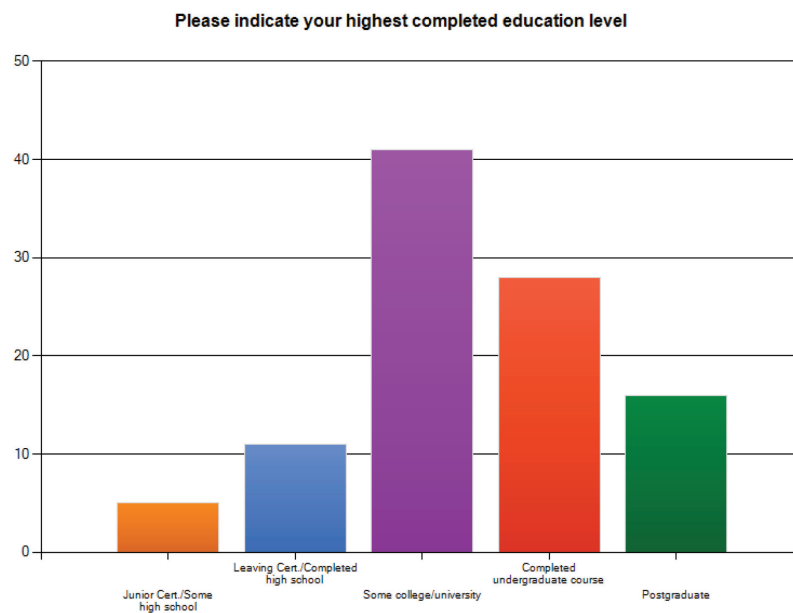


Figure 3.21: Current occupation of respondents

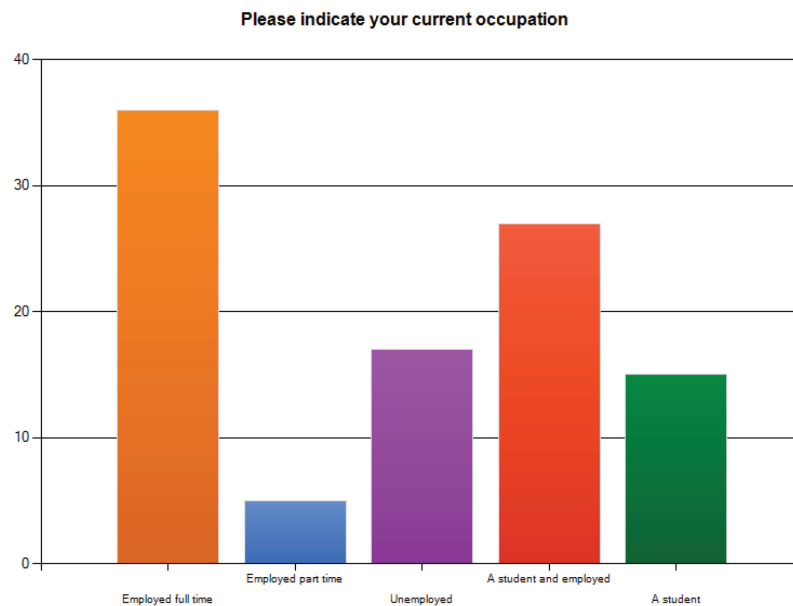
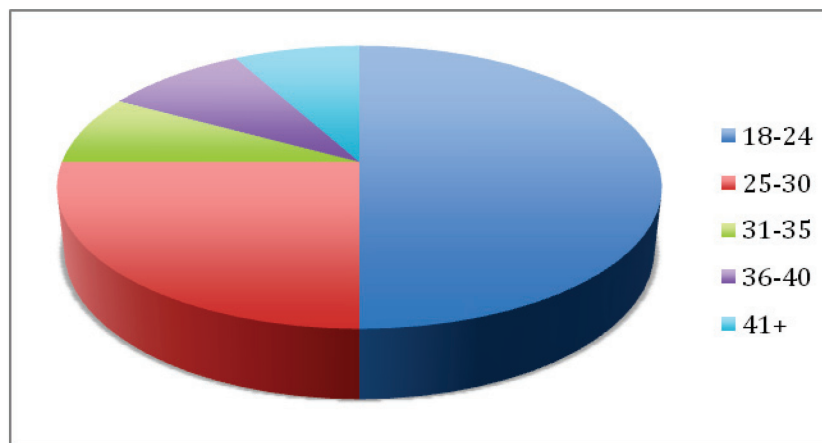


Figure 3.21 depicts the current occupation status of respondents. The majority of participants were employed full time (36%, n=36), followed by employed students (27%, n=27). Almost an equal number were unemployed (n=17) or a student (n=15), and five participants were employed part-time. Finally, figure 3.22 presents the age of respondents, where the vast majority of the sample (75%) is aged between 18-30.

Figure 3.22: Age of respondents



3.3.3.2 Data collection

The survey was designed to assess the perceptions of Survivors Online community members regarding their use and experiences of using the Internet for a source of social support. The included questions were informed by the findings from studies 1 and 2. Questions focused on a combination of qualitative and quantitative data in order to contextualize the responses of both the current survey and the findings from studies 1 and 2. The quantitative data consisted of the respondents' gender, education level, age, occupation, type of Internet usage (e.g., email, chat rooms, etc.), how often the Internet is used, and their role in the

community. The qualitative questions were chosen based on issues identified in a comprehensive review of the literature examining both online support groups and social support needs of survivors that were related to assessing survivors' Internet usage for social support. Questions consisted of why the respondents chose to become a member of the support network, whether being a member had impacted their experiences as a survivor, whether the support site had changed how they use conventional methods of support, and the best and worst aspects of Internet support. Combining these qualitative and quantitative aspects of experience had the aim of providing both factual data regarding Internet usage, as well as the respondents' actual deeper explanation for those facts. Therefore, the survey was designed to maximize the diversity of personal perspective regarding the usage of online social support. The survey questions were first emailed to the moderators on Survivors Online to examine for question ease, logical flow of topics and possible emotional triggers. The moderators did not recommend any changes.

Once the survey questions were deemed appropriate they were uploaded to the "Survey Monkey" website (see appendix L for screen shots of the actual survey) and a http link was generated to access the survey for completion. The survey was created and hosted via "Survey Monkey", an online company specializing in facilitating the design, collection and analysis of surveys. The site allows researchers to create surveys, collect responses from participants, and to export their results to SPSS, Excel, etc. for further analysis. An introductory message was posted on the research forum, requesting participants for a survey examining the role of online support communities in how people cope with sexual victimization (see appendix E for a copy of the introductory message). Participants were directed to the link to complete the survey online (see appendix L). Respondents completed the survey online by clicking buttons to respond to questions or entering text into boxes for the open-ended sections. The survey remained open for two weeks. After a week had passed, I also posted an additional message on the forum reminding members that they had one more week to participate in the study.

In order to further minimize potential harm to participants, respondents were advised that they could skip any questions they did not wish to answer and my email address was provided in the introductory message if respondents had any further queries (see appendix E). I received no emails from respondents and 92% of the 102 respondents completed every question on the survey.

3.4. Step 3: Data analysis and interpretation

An individual's experience of sexual victimization is something that cannot be directly accessed by a researcher. A researcher must interpret and analyze what the survivor has experienced through their behavior, writing or speech. Every methodology available to a researcher will have inherent strengths and limitations. As part of ensuring trustworthy analysis and interpretation, Kozinets (2010) recommends that netnographic studies should aim to increase trustworthiness in analysis by focusing on the behavior or act (rather than the person) under investigation to contextualize conversational acts and to triangulate the study with other methods. Generally speaking, triangulation refers to utilizing more than one methodology to investigate a research question in order to increase confidence in the research findings (Bryman, n.d.; Moran-Ellis *et al.*, 2006). Multimethod research is usually designed to produce a more comprehensive set of findings than could be achieved through the use of one method, while triangulation is used to check the validity of findings by verifying them with another method (Bryman, n.d.).

This argument is echoed by Thomsen, Straubhaar, and Bolyard (1998), who maintain that the most appropriate method for understanding the significance of online community membership is through multi-method triangulation; specifically qualitative interviews and analysis of posted messages. Thomson *et al.* (1998) argue that,

For our contribution to the ongoing discussion, we propose a multi-method approach to the study of online communities that involves the use of text and discourse analysis, a prolonged commitment to involved participant observation, and the use of qualitative interviews with group members as a means of further teasing out the “meanings” that they ascribe to the experiences of membership and participation. This would enable a multi-source, multi-method triangulation (p.5).

3.4.1 Multi-methods and triangulation

In the context of the current study, triangulation is used to enhance the credibility and persuasiveness of a series of three studies and views the process

of triangulation as a method for adding depth of understanding, rather than as a method for verifying the accuracy of conclusions. Many researchers have argued that triangulation cannot involve simply adding together the results of different methods of investigation to provide a universal “truth” (Brannen, 2005; Hammersley, 2005; Moran-Ellis *et al.*, 2006). The present thesis aims to combine the results from the three studies where qualitative and quantitative results are treated as separate entities and the analyses from the two methods are compared and contrasted to “generate complementary insights that together create a bigger picture” (Brannen, 2005, p.12).

Moran-Ellis *et al.* (2006) maintain that triangulation is often used to describe the employment of various methodologies in one piece of empirical study, but that triangulation in multi-methods research “must be understood as a particular practical relationship between different methods, sets of data, analytic findings or perspectives, while triangulation incorporates an epistemological claims about the outcomes of the research” (p.46). Moran-Ellis *et al.* (2006) describe various forms of mixed-methods studies in their paper, but their description of studies using “separate methods, separate analysis, theoretical integration” (p.55) is of direct relevance to this thesis. The authors argue that studies in this category do not combine the various methods or analyses, but combine the findings from the various analyses into an explanatory framework.

In other words, the present thesis analyses each of the three studies “within the parameters of its own paradigm”, and the integration of methods is *interpretative* integration, in that the findings yielded from the different methods are combined into an explanation of the results (Moran-Ellis *et al.*, 2006, p.55). It is important to triangulate the studies in this thesis, as a combination of methods is necessary to reflect the complexity of understanding how survivors seek social support online.

Orlikowski and Baroudi (1991) maintain that “a call for triangulating the use of interpretive methods with positivistic ones” (pg. 15) is necessary to reflect the complexity of analyzing people and systems. In this thesis, the constructionist foundation of study one allows for an understanding of life experiences as

constructed by people through communication and language. However, this perspective cannot assess or explain circumstances where survivors' narratives are inconsistent with their actual behavior; in other words, it cannot examine situations where survivors may have limited self-understanding. Therefore, the content analysis in study two is specifically designed to examine the survivors' actual words and "behavior" on the Survivors Online site to complement the analysis in study one and provide an additional understanding of how and why survivors seek social support online.

Green (2003) utilizes a similar methodology that incorporated quantitative analysis of survey data and qualitative analysis of interactive interviews and personal narrative, where separate methods and analysis were performed on the data and triangulation took place during the discussion of findings. Frost (2009) maintains that this "pluralism of analysis offers a form of within-method triangulation that encourages viewing of data from several perspectives. Its transparency, thoroughness and systematic nature positions it well in terms of meeting criteria for high quality assessment" (p.24).

Based on Creswell's (2009) advice, qualitative researchers should intend to explore a multitude of factors surrounding a fundamental issue, and to analyze the meanings held by the study participants experiencing this issue. This perspective directly fits the research focus of this study, and also directly corresponds to a netnographic approach, which is, by definition, an exploratory methodology that can be suitably applied to novel contexts. In fact, Kozinets (2010) argues that netnography can go one step further than analyzing personal meanings; it can analyze how meaning is altered, shared and/or supported by participants through online behaviors.

As previously highlighted, Kozinets also emphasizes the importance of balancing close involvement with community members and an observational stance, obtained by collecting three types of data for triangulation (Kozinets, 2010, p.98): archival data, elicited data, and fieldnote data. Employing a multi-method approach to netnography allows for a movement between close involvement

with the community members, and an observational stance without any social contact (Kozinets, 2010). Therefore, the logic of enquiry supports the usefulness of a mixed methods approach, so the next consideration involves the ordering of the methods (Brannen, 2005). In this case, a narrative analysis was preferable at the start of the enquiry, as the qualitative interviews preceded the analysis of the online posts and development of the survey. Due to the length of the qualitative interviews (and the in-depth analysis required by narrative analysis), this initial study is considerably lengthier than the subsequent two studies. However, it was not intended for this study to dominate over the others, but for the initial narrative analysis to provide analytic induction for the subsequent studies (although it is also an analysis in its own right). In this way, the selection of method was driven by the research question for each study. Overall, these different methods are used in conjunction to study the same phenomena: to understand the implications of using the Internet as a source of support for survivors of sexual violence.

The following section will describe the procedures undertaken in each of the three studies in this multi-method thesis in detail.

3.4.2 Study one: A narrative analysis (NA) of interviews with survivors of sexual violence

In study one, it was important to elicit stories about the survivors' experiences in their own words. The focus of this study was to understand how the participants make sense of the social support they received after victimization, with the aim of ultimately informing about what role the Internet support site plays in the survivors' attempts to cope and seek social support. Talk in qualitative interviews can produce rich narratives as respondents organize replies to questions into short stories that have strong narrative form. The structure of stories is strongly related to the circumstances of their telling; for instance, researchers' probing questions create obvious motivations for speakers to initiate a prototypic narrative (Kuntay & Ervin-Tripp, 1997).

Naturally-occasioned narratives can be told in response to narrow prompts, support conversational moves, or describe problem situations. Narrative analysis can be a particularly suitable tool for analyzing interview data, where a person recounts their experiences of sexual victimization in response to a direct question asked by the researcher. This is, after all, how storytelling occurs every day amongst people all over the world; narratives are told in answer to an outside stimulus and to establish a point of personal interest (Labov & Waletzky, 1967). As the current study utilizes interview data, the form of the analysis will look at personal narrative quite restrictively, where narrative refers to brief, specific stories organized around characters, setting, and plot (i.e. discrete stories told in response to single questions about specific events the narrator experienced) (Reissman, 2008).

3.4.2.1 Procedure

Narrative analysis is particularly suited to exploratory research and amenable to be used with semi-structured interviews as the methodology allows stories to unfold through this medium (Reissman, 1994). Methodologically, thematic narrative analysis is the most common and straightforward approach to

narrative analysis in applied settings as it can be applied to a wide range of texts, from interview conversations to written documents (Riessman, 2008). With thematic narrative analysis (TNA) content is the exclusive focus; in other words, “the primary attention is on ‘what’ is said, rather than ‘how’, ‘to whom’, or ‘for what purposes’” (Riessman, 2008, p.54). In TNA, language is a resource, rather than a focus of inquiry (Riessman, 2008). There is minimal focus on how a narrative is spoken or written or structures of speech as data are interpreted in terms of themes developed by the researcher.

The procedure followed in this study incorporated various approaches by Williams (1984), Ewick and Selby (2003), and Riessman (1993), which are summarized in detail in Riessman (2008). Mishler (2005) maintains that combining approaches in this way provides a more inclusive strategy that will result in more comprehensive understandings of narrative. The steps for the thematic narrative analysis were as follows:

1. The interview in its entirety is considered the narrative. Specifically, the story of experiences of social support after sexual victimization that unfold over the course of the interview is considered the narrative for analysis (Riessman, 2008). Therefore, step 1 involves the researcher working with a single interview at a time in order to identify relevant incidents. In this sense, the narrative is interpreted as a whole and not broken into thematic categories from the offset (Williams, 1984).
2. When all interviews have been read independently, the researcher identifies “underlying assumptions” (or general patterns), and names and codes them (Williams, 1984).
3. Particular cases are chosen to illustrate recurring patterns (in terms of range and variation in the themes), and the underlying assumptions of different cases are compared in terms of the ways in which survivors constructed the reality of their social support experiences. In this sense, this analytic approach shares features with the category-centered approach of grounded theory where primary interest is in generating thematic categories across individuals (Ewick & Silbey, 2003). However, this approach differs from grounded theory in that the individual narrative is preserved. This step is useful with research utilizing a strong theory as a resource (in this case, the established link between social support and coping with trauma), as a researcher can link everyday acts (e.g., voicing an opinion in an argument with a friend) with social change processes (e.g., resisting the role of victim) (Williams, 1984).
4. Although thematic narrative analysis does not concentrate on the “how” of the telling in the main, it does not ignore this process altogether. Therefore,

this step involved rereading the excerpts coded for recurring themes in terms of examining for form entails considering linguistic elements of the story such as codes of speech including verb tense, temporality, sequencing, and discourse markers (Riessman, 1993). This step allowed for an understanding of how the narrator used language to accomplish particular goals and claim certain identities (Riessman, 1993).

5. Excerpts are reproduced in the written report, along with interpretation and references to prior theory (Williams, 1984).

The interviews were, therefore, read for patterns of variability and consistency within and across interviews for both content and form. Regarding content, the interviews were examined for thematic categories (e.g., stories about personal relationships, stories about powerlessness, etc.). Regarding form, the stories in each theme were then analyzed for how they were structured, again looking for consistency and variability, thus combining the content-focused approach of Riessman (1993) and the thematic-focused approaches of Ewick and Silbey (2003) and Williams (1984).

3.4.2.2 *Validating a narrative analysis*

Validation cannot be reduced to a set of formal rules or procedures in interpretative work. While there is no universal standard for assessing validity in qualitative work, there are general validity criteria for assessing qualitative analyses. Riessman (1993) points out that prevailing concepts of validation are largely irrelevant to narrative analysis due to their reliance on realist assumptions. The historical truth of an account is not the primary focus of analysis because narrativization assumes point of view, where facts are products of an interpretative process. Riessman (1993) goes on to argue that because narratives are social discourses they do not remain constant over time, so there is no reason to assume that a person's story will (or should be) consistent from one setting to the next. Traditional notions of reliability do not apply appropriately to narrative studies because of a key semantic difference in defining what constitutes validation. As Riessman (1993) explains, validation is the "process through which we make claims for the trustworthiness of our interpretations", *not the truth of our interpretations*" (p.65).

Therefore, in the present study, one is concerned with the usefulness of the narrative and a person's world-view (rather than the supposed objective "truth" of the claim). It is essential to consider narratives recounted by participants as constructed accounts of their experiences. As Bloom (2002, p.311) asserts, "Lives are too messy, too complex, and too deeply lived at an interior level for the narrator to ever tell it all, and the narrator's desires for particular kinds of self-representation are too deeply felt to be abandoned".

However, it *is* possible to take steps to establish validation in narrative work. Bruner (1991) argues that hermeneutic interpretation is needed when there no rational method of assuring the "truth" of a meaning derived from a text, or an empirical method for assuring the verifiability of the elements that make up the text. Therefore, the best answer is to provide "an intuitively convincing account of the text as a whole in the light of the constituent parts that make it up...by reference to the relations between the meanings assigned the whole of a text (say a story) and its constituent parts" (Bruner, 1991, p.7). Interpretation of a narrative relies on the parts and wholes of a narrative for its viability because a story can only be understood when the parts and wholes are considered together.

In other words, the acceptability of a narrative cannot depend on its ability to accurately reflect reality because "narrative 'truth' is judged by its verisimilitude rather than its verifiability" (Bruner, 1991, p.13). This reflects the fundamental argument that an analysis of narratives cannot reveal what someone "really" thinks or feels because "truth" is also simply a construction, and narratives are skillfully woven to bring into being versions of the self that serve the teller's specific purposes. Therefore, it is the job of the researcher to represent this teller's story through narrative in a fruitful, persuasive and convincing way, rather than attempting to accurately reproduce a *truthful* version of the teller's story.

Riessman (1993) suggests the following four ways in which to establish validation, all of which will be applied to the present analysis.

1. Persuasiveness
 - a. Is the interpretation reasonable and convincing? Persuasiveness is greatest when claims are supported with evidence from the narrative.
2. Correspondence
 - a. A researcher can take the narrative back to the teller to reaffirm that the narrative depicts the story as the teller “meant” it. However, because stories are not static, and the teller may not agree with the analysis, this method of establishing validation is questionable.
3. Coherence
 - a. The analysis should be as coherent as possible on three levels: (1) the narrative should justify an action (global coherence); (2) content should show important and consistent themes (thematic coherence); and the narrative should *do* something, e.g., complain, boast, explain, or justify (local coherence).
4. Pragmatic use
 - a. The study should have future use as the basis for others’ work.

While not mentioned above, validity may also be helped by providing information that will make it possible for others to assess conclusions of an analysis in the form of direct quotes and excerpts from the narrative text.

3.4.3 Study two: *A content analysis of posts on the support site*

Study two examines the use of Survivors Online as a means of transmitting and receiving written text as a form of support by performing an analysis of publicly-viewed message “threads” followed over a one week period.

3.4.3.1 *Content analysis*

Content analysis (CA) has been viewed as both a purely positivist, quantitative methodology (Neuendorf, 2002), and as a qualitative, feministic approach (Leavy, 2000). Qualitative content analysis relies heavily on interpretation of text, which is the main reason why it has been criticized as unscientific. However, Krippendorf (2004) argues that, “all reading of texts is qualitative, even when certain characteristics of a text are later converted into numbers” (p.19), emphasizing that qualitative text analysis is necessary to understand deeper meaning. The term content analysis has come to describe a “family of analytic approaches” ranging from interpretative to systematic analyses (Hsieh & Shannon, 2005, p.1278). Generally speaking, quantitative CA focuses on coding text data into categories, which is then statistically analyzed, while qualitative CA focuses on the contextual meaning of language in the text (Hsieh & Shannon, 2005). While a comprehensive debate of the qualitative versus quantitative nature of content analysis is outside the scope of this thesis, it is important to realize that, while content analysis has previously been viewed as quantitative, it is increasingly being accepted as a qualitative approach (Krippendorf, 2004). In fact, qualitative content analysis is the most common methodology employed in qualitative descriptive studies (Preece & Ghazati, 2001; Sandelowski, 2000).

Generally speaking, then, qualitative content analysis (QCA) aims to summarize the content of verbal or written data. Sandelowski (2000) explains that counting on qualitative content analysis is a “means to an end”, where the final aim is to provide “a description of the patterns or regularities in the data that have, in part, been discovered and then confirmed by counting” (p.338). Weber (1990)

explains that QCA moves beyond counting words, and examines language in order to classify large amounts of text into categories that represent similar significance. Again, language here is approached from a realist epistemology, focusing on the usefulness of social support accessed via Survivors Online in the participants' own words (rather than how social support is socially constructed via different versions of reality during the course of talk).

3.4.3.1.1 Directed content analysis

What is important to recognize is that the appropriate form of content analysis for any given investigation is informed by the theoretical stance of the researcher and issue being studied (Hsieh & Shannon, 2005). The current study engages in directed content analysis. Existing theory exists about social support, but the kinds of social support that exist via support sites for survivors of sexual violence is not known. The goal of this directed approach to content analysis is to validate and apply Cutrona and Suhr's (1992) Social Support Behavior Code (previously discussed in section 2.4.2.1 of the literature review in chapter two).

Content analysis is a systematic, objective, and quantitative method for studying communication messages and developing inferences concerning the relationship between messages and their environment (Weare & Lin, 2000).

While there are many different approaches to conducting a content analysis, the basic research design is similar to all procedures and well-documented (Weare & Lin, 2000; Hsieh & Shannon, 2005).

- a) Formulate research questions or hypotheses.
- b) Define the population based on study interests and select appropriate sample.
- c) Define a unit/category that can represent the information for analysis. On Internet sites this might be words, sentences, paragraphs, etc.
- d) Develop a category by which messages can be validly and reliably classified.
- e) Check inter-coder reliability.
- f) Implement the coding process
- g) Analyze the data and draw conclusions. This is the stage at which various analytical procedures are available to the researcher and will depend on the data and research focus.

The research question (Step A) has been previously defined in section 1.5 of the introduction and generally assesses how survivors use the Internet to seek social support by documenting the site members' type of Internet usage (e.g., email, chat rooms, etc.), effects of usage on the survivors (such as whether the support site has changed how they use conventional methods of support), and how the support received is viewed by the members of Survivors Online (in terms of the perceived best and worst aspects of Internet support). The population (Step B) is potentially the total number of members of Survivors Online who are available to post messages on the "My Voice" forum during the week of data collection. The description of the procedure will therefore cover Steps C-F in detail, and Step G will be discussed in the results section for study two (as it involves analyzing the data).

3.4.3.2.1 Step C: The unit of analysis

Kozinets (2002) urges researchers to use the communicative act, the unit of analysis, in a netnographic study (e.g., the online post), rather than the individual behind the communication, as the person's identity or demographics cannot be verified online. Therefore, study two uses the entire post as the unit of analysis (the majority of posts typically consisted of 2-4 sentences), and coded all instances of social support contained within each post.

3.4.3.2.2 Step D: Coding framework

A coding framework guides coders in which decisions to make when analyzing data, by informing the researcher how to organize data into categories (Hsieh & Shannon, 2005). "A coding scheme includes the process and rules of data analysis that are systematic, logical, and scientific" and is essential in establishing trustworthiness in analysis (Hsieh & Shannon, 2005, p.1285-6).

Lofland and Lofland (1984) argue that content analysis should involve the "interplay between experience, induction, and deduction" (p.112). In order to achieve the interplay between deductive and inductive approaches, this study began with a deductive, theoretical frame from which to approach the data. Data was initially coded according to a framework designed by Cutrona and Suhr (1992), as coding from an existing framework would allow for consistency of terminology and consistency with the prior work, therefore allowing for the replicability suggested by Lincoln and Guba (1985). Cutrona and Suhr's (1992) *Social Support Behavior Code* consists of five overall categories of social support, and 22 subcategories.

Table 3.23: The *Social Support Behavior Code* (Cutrona and Suhr, 1992, p.161).

| 5 overall categories | 22 subcategories |
|----------------------|--|
| Information | Advice Referral Situation appraisal Teaching |
| Esteem | Compliment Validation Relief of blame |
| Network | Access Presence Companionship |
| Emotional | Relationship Virtual affection Confidentiality Sympathy Empathy Encouragement Prayer |
| Tangible support | Loan Perform direct task Perform indirect task Active participation Willingness |

Lincoln and Guba (1985) state that it is essential to, “devise rules that describe category properties and that can, ultimately, be used to justify the inclusion of each data bit that remains assigned to the category as well as to provide a basis for later tests of replicability” (p.347). In other words, utilizing an existing framework allowed for the contextualization of the findings of study two in the broader literature of studies using the SSBC to analyze online social support (e.g., Braithwaite *et al.*, 1999; Coulson *et al.*, 2007; Coursaris & Liu, 2009).

The use of constant comparison and verification between the inductive meanings of the posts to the survivors and the theoretical research frame enables an interaction between inductive and deductive approaches. Approaching and analyzing the data in such a way allows for the meanings that the survivors place

on their experiences to emerge from the data, while guided by a theory-driven framework of social support.

3.4.3.2.2 Step E: Train coders

10% of the posts were presented to an independent colleague. Interrater reliability was calculated only on the overall 5 categories as recommended by Cutrona and Suhr (1992). Agreement across all 5 overall categories was 0.72 (Cohen's kappa).

3.4.3.2.3 Step F: The coding process

As suggested by Altheide (1987) and Hsieh and Shannon (2005), the posts were initially coded based on the identification of comments that reflect data according to the 5 main codes predetermined by the Social Support Behavior Code (Cutrona & Suhr, 1992): information, esteem, network, emotional, and tangible support (see Table 3.23)¹⁷. Where one post included comments relative to multiple categories, the data was coded to more than one category. Step 2 of coding involved returning to the data so that additional concepts or ideas can develop. This step is present to allow for the interplay of induction and deduction, where concepts or issues can be derived from either the theory or the data itself. Any text that could not be coded within the predetermined categories was to be assigned a new code (however this step was unnecessary as all posts were coded within the 22 subcategories of table 3.23). In other words, the doing process did not identify additional concepts in the posts analyzed.

The text is then revisited for a final time in order to code the data assigned into one of the 5 overall categories into the 22 subcategories (see table 3.23). The posts were therefore coded in terms of the existing framework, or new codes were formed in the process. Also, in line with conducting a netnographic study,

¹⁷ Refer to appendix J for a worked example of the coding process.

any insights and ideas regarding the data analysis were documented during the process (as part of the collection of fieldnote data).

3.4.4 Study three: *A content analysis of an Internet usage survey with survivors of sexual violence*

Study three involved the collection of *elicited data* in the form of an online survey. The survey was informed by studies one and two, and was developed to further explore the results of the previous studies. Study three will assess, via a survey, how members of Survivors Online use the Internet to cope with their sexual victimization. Again, content analysis was deemed particularly appropriate to analyze this data because the methodology is consistent with the goals and standards of survey research as an attempt is made to measure variables as they normally occur, and no manipulation of independent variables is attempted (Neuendorf, 2002). Thomson *et al.* (1998) further argue that certain aspects of online communities are usefully treated as quantifiable, and therefore help contribute to an overall understanding of the community. For instance, numerical data on how many posts, to what boards, and trends in topics can be informative. For this reason, both qualitative and quantitative data were collected in the survey.

While content analysis was also the methodology employed in study three, its procedure differed to that highlighted in study two. Whereas study two utilized a directed content analysis, study three employed a conventional content analysis (Hsieh & Shannon, 2005).

3.4.4.1 *Conventional content analysis*

As described by Hsieh and Shannon (2005), in a conventional content analysis coding categories are derived directly from the text. Conventional CA is normally used to describe a phenomenon of interest when the literature on the topic is limited (Hsieh & Shannon, 2005); in study three, CA is being used to describe how respondents view Survivors Online as a vehicle for social support.

Because literature in this area is newly emerging, conventional content analysis allows for the categories to emerge from the data itself, rather than being guided by an existing theoretical framework (as in study two). In this way, category development is inductive and similar to other qualitative approaches to data analysis (Hsieh & Shannon, 2005), such as the narrative analysis employed in study one. As the main thrust of the questionnaire in study three is qualitative in nature, conventional content analysis is an appropriate choice of methodology to compare and contrast a large amount of qualitative and quantitative data. The main advantage of a conventional content analysis, therefore, is to gain an understanding of how members of Survivors Online view the process of online social support without imposing fixed categories on the data.

3.4.4.2 Procedure

The following procedure also covers the steps outlined in section 3.4.3.2 by Weare and Lin (2000) and Hsieh and Shannon (2005). The unit of analysis in study three is the respondents' open-ended response to a query regarding their usage of Survivors Online for social support. This also reflects (2002) recommendation to use the communicative act the unit of analysis.

A coding framework guides coders as to which decisions to make when analyzing data, by informing the researcher on how to organize data into categories (Hsieh and Shannon, 2005). In a conventional content analysis the coding framework and coding process are a reflective procedure, and this is clearly outlined by Hsieh and Shannon (2005, p.1279).

1. All of the open-ended questions in the questionnaire are read repeatedly to achieve immersion and obtain a sense of the overall content.
2. Following, the data across the questionnaires are read carefully, for a specific understanding of content. Words or phrases thought to represent fundamental concepts of online support usage are highlighted.
3. The text is continually revisited, while the investigator makes notes of concepts, thoughts, and initial analyses in the margin of the text representing concepts of online support usage (in the participants' words).

Labels for codes gradually emerge from the text and create the initial coding scheme. The remaining questionnaires are coded using the newly developed codes and adding new codes if data did not fit an existing code.

4. Codes then are combined into categories in terms of how they are related or linked in an attempt to limit the developing codes. Once all questionnaires had been coded the data within each code is reexamined where some codes were combined into meaningful clusters, or broken into subcategories, if necessary.
5. Definitions are subsequently created for each category, subcategory, and code. When the findings of the categories are reported examples for each code and category are presented.

This procedure ensures that findings are based on the respondents' personal views and experiences, and are textually grounded (Hsieh & Shannon, 2005).

This further ensures that the analysis can represent the complexity of thought and experience gathered during data collection with the questionnaire. (Refer to appendix M for a worked example of coding process).

As in study two, 10% of the data across all of the coded categories was presented to an independent colleague, along with a detailed coding framework.

Agreement across the coding for each of the themes in study two averaged 0.79 (Cohen's kappa).

3.5 Step 4: Research ethics and member checks

The final step of Kozinet's (2010) netnographic procedure highlights the steps a researcher should take regarding research ethics and member checks. Kozinets (2010) recommends that researchers should fully disclose their presence and affiliations to the online community, ensure the confidentiality and anonymity of participants, seek feedback from community members, and be considerate of the private versus public medium issue. As recommended, the participants across all three studies were informed of my presence and role on the site, all identifying information was removed from data collected, and permission was gained from site moderators to gain access to membership-protected, private areas on the site forum. Additionally, informed consent (permission) was requested from all participants in study two to use specific postings quoted in the research.

Finally, member checks involve seeking feedback from community members by presenting findings of the research to the participants in order to request their comments on the conclusions drawn. This is the only step of Kozinets's (2010) netnographic procedure that has not been followed in this thesis. The decision not to engage in member checks was due to the highly sensitive nature of researching sexual victimization, coupled with the possibility that many of the site members may not have been emotionally or psychologically capable of reading analyses of their behavior. I was very conscious that some of the findings might not have been completely complimentary or well-received by survivors who may be particularly vulnerable. Therefore, feedback from site members was not directly solicited.

Both Kozinets (2010) and Lincoln and Guba (1985) argue for the use of "member checks" to validate research conclusions. However, Thomsen *et al.* (1998) maintain that member checks can be conducted in a less formal manner. The researchers used qualitative interviews to support the interpretation of discourse; to provide in-depth description and to validate conclusions. Thomsen *et al.* (1998) argue that validity in netnography "is a measure of the ethnographer's ability to accurately know and reconstruct the world of his

subjects” (p.4). Similarly, the present thesis, through the use of multi-method triangulation (Kozinets, 2010), aims to achieve credibility and persuasiveness via depth of understanding across the three studies, rather than through the use of member checks.

3.5.1 Ethics

Research on sexual violence poses unique ethical challenges due to the sensitive topic. Men and women who have participated in this study do so in the context of

A societal context of disbelief, fear, and shame...and they may have heard about or possibly suffered from a variety of humiliating experiences related to their victimization such as job loss; rejection by loved ones; traumatic symptoms; uncomfortable medical, forensic, or psychological examinations (Fontes, 2004, p.143).

Ethics in psychological research primarily involves respect for persons at all stages of the research process. In particular, this involves considering issues of informed consent; community agreement; minimizing harm to respondents and researchers; maximizing benefits to participants and communities (beneficence) and confidentiality and safety.

3.5.1.1 Informed consent

Informed consent involves ensuring that participants understand the nature and purpose of the research and that their participation is voluntary. Informed consent was practiced across all three studies. In the information post for study one, participants were advised that, “Some of the topics discussed may be personal and difficult to talk about, but many people have found it beneficial and rewarding to have the opportunity to voice their experiences.” Respondents were also informed that they could end the interview at any time. In study three, respondents were additionally informed that they could skip any question they did not wish to answer (see appendix E).

As this investigation was completed within the context of the Survivors Online community, it was deemed ethically important to obtain community support and consent for the research (as well as individual consent from participants). Community consent was sought by initially contacting the site moderators to explain the overall research objectives and to inform them of my presence on the site.

3.5.1.2 Minimizing harm to respondents and researchers

The primary ethical concern related to researching sexual violence is the potential for causing harm to respondents as a result of their participation (Ellsberg & Heise, 2005; Fontes, 2004). For instance, a respondent may be at risk of physical harm if a partner discovers she has been talking to a researcher about her abusive relationship. Therefore, confidentiality and safety were also ethical concerns across all studies, as participation in research may have placed the participants at risk if their anonymity were breached. To guard against this, careful policies and procedures were applied. In an effort to minimize this risk participants were asked to ensure they could complete the research (whether it was the interview in study one or the survey in study three) in complete privacy and to ensure that they deleted the emails or instant messenger conversation after participation if necessary. At times this was difficult as interviews had to be rescheduled numerous times, but this strategy was always promoted and encouraged in order to ensure the participants' comfort and safety.

Minimizing participant distress was also paramount in this investigation as research on sexual violence can trigger strong emotional responses. Before embarking on my PhD research I took numerous steps to ensure I was appropriately trained to recognize the effects that questions may have had on respondents, as well as some response techniques. Many researchers have noted that even when participants are emotional they actively choose to proceed (Ellsberg & Heise, 2005). The potential for retraumatization and emotional distress is also a major consideration in sexual violence research. However, many studies have noted that while trauma research may be distressing, it is not

traumatic per se; and that most participants report benefits from participation (Newman, Kaloupe, Keane & Folstein, 1997; Newman, Walker & Gefland, 1999).

Protecting myself as a researcher was also an ethical consideration across these studies. Ellsberg and Heise (2005) report that the most common risk for researchers is the emotional impact of listening to harrowing stories of sexual violence. Again, my previous training was paramount in providing techniques for monitoring and acknowledging negative feelings. I was also provided with a chance to emotionally debrief with my supervisor throughout the process. In addition, the process of keeping fieldnotes was paramount in documenting and working through any emotional experiences during the research process (see appendix H for fieldnote excerpts and discussion section for a more detailed description of this reflexive process).

3.5.1.3 Maximizing benefits to participants and communities (beneficence)

Despite these tricky ethical concerns it is also essential to balance these concerns with potential beneficence to both the field of investigation and participants themselves. Beneficence describes the ethical requirements in order to maximize benefits to the participants and their community (Ellsberg & Heise, 2005; Fontes, 2004).

This principle gives rise to norms requiring that the risks of research be reasonable in light of the expected benefits, that the research design be sound, and that the investigators be competent both to conduct the research and to ensure the well-being of participants (Ellsberg & Heise, 2005, p.43).

There is a large amount of literature suggesting that the process of discussing stories of sexual violence can be a positive and beneficial experience for both participants and researchers if the context is sympathetic and nonjudgmental (Ellsberg & Heise, 2005; Fontes, 2004; Herman, 1992; Pennebaker, 1993).

Herman (1992, p.1) explains “remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims.” In the posts on Survivors Online asking for

participants to come forward, survivors were reminded that both their voice and their story are important (see appendices A, D and E). Participation in research offers survivors a way of transforming their trauma into a way to help others (Ellsberg & Heise, 2005). “At the very least, asking conveys the message that violence is a topic worthy of study, and not a shameful or unimportant issue (Ellsberg & Heise, 2005, p.43).

On a final note, research highlights the benefits of completing interviews with a message that emphasizes the respondents’ resilience and minimizes distress (Parker & Ulrich, 2000). At the end of the interviews in study 1, participants were asked how they felt about the interview; notably, all of the participants provided positive comments about participating. This allowed for the interviews to end on a positive note and to emphasize the respondents’ resilience by highlighting their ability to talk about their trauma in a constructive way (as recommended by Parker and Ulrich (2000)).

Beneficence to the field of investigation is also paramount in research on sexual violence, which is characterized by silence and stigma. This issue is concretely summarized by Ellsberg and Heise (2005, p.45):

The risks are potentially large, but so too are the risks of ignorance, silence, and inaction...We must remember that [people] living with violence are already at risk. Researchers cannot eliminate this reality, just as they cannot fully eliminate the possibility that further harm will be caused by their study. The obligation of researchers is to carefully weigh the risks and benefits of any study and to take every measure possible to limit possible harm and to maximize possible benefit. At the very least, we must ensure that when [people] take risks to share their stories, we honor that risk by using the findings for social change.

Ethically speaking, researchers have an obligation to investigate these issues of sexual violence and to give survivors a voice that is heard via publications, conferences, policy change, etc. while carefully taking steps to protect the participants at all stages of the research process. Ethical approval for this thesis was sought and granted from the University College Cork ethics board (see appendix I).

3.6 Conclusion

Both traditional ethnographic research and netnographies have always involved assimilating multiple methods (e.g., interviews, discourse analysis, semiotics, etc.), but because ethnography is grounded in context, no two ethnographies use the same approach (Kozinets, 2010). Mixing methods allows researchers to ask and answer a multitude of questions about social phenomena (Mason, 2006). As previously highlighted, netnography is a methodology that can be both naturalistic and unobtrusive simultaneously, setting it apart from other methodologies such as focus groups, interviews, surveys, etc. (Kozinets, 2010).

However, it is also important to realize that these methodologies can work harmoniously in a multi-method study where results from one study can usefully inform the results of the next (and vice-versa). For instance, decisions made to seek support online on an individual level (as explored in study one) can be used to explain some of the observed types of social support in the online community (as investigated in study two). Using a multi-method approach under the general “methodological umbrella” of an online ethnography allows for a richer and deeper understanding of the multifaceted and complex nature of online social support. In this way, multi-method research can allow multiple explanations for how and why people seek support for sexual victimization online can stand alongside each other in polyvocality.

This chapter has provided a detailed discussion of the methods involved in the data collection, decision-making and analysis across the two studies. Such clarity of the methodology is essential in allowing other scholars to validate findings of qualitative work, to replicate the methods employed, and to facilitate the comparison of findings between mixed-method studies.



Chapter Four:

Study One – A narrative analysis of interviews with survivors of sexual violence

4.1 Results¹⁸

This chapter of the thesis presents the findings of study one, which applies narrative analysis to interview data in order to examine the kinds of narratives survivors provide when describing the role of their social relationships (i.e. with family, friends, and partners) in their subsequent coping with sexual victimization. The aim of this study was to provide an understanding of why the survivors have turned to Survivors Online for support, and what was lacking in their traditional social supports (e.g., friends, family, etc.) that contributed to this decision. The semi-structured interview focused on the survivors' social support experiences after sexual victimization (interview questions are presented in appendix B); however the schedule was used as a guide, rather than as a rigid research tool. Generally speaking, in narrative research interviewees are encouraged to "tell their story" in a detailed account (as in this study), rather than to provide specific answers to predetermined questions. This method can be particularly powerful when respondents are discussing a life-changing event (Polkinghorne, 1988). Narrative analysis then allows for an understanding of how the interviewee attributes meaning to these life events (Crossley, 2000; Riessman, 2008).

This analysis is a thematic narrative analysis where the primary focus is on identifying themes across the respondents' narratives. In identifying these themes the analysis focused on both content and form, beginning with the "what" narrated by the respondents, while also considering the "how" of their narratives. In this sense, there is some overlap between narrative and discourse analysis, but it should be remembered that, while discourse analysis focuses on the use of language and discourse, narrative analysis allows for the retention of the fundamental narrative in understanding how people make sense of their world (Riessman, 1993). While the present analysis considers the form of the narrative, the primary focus is on identifying themes (and not on the function of

¹⁸ Please note that it is not possible to include the entire individual narratives of all interviewees. Excerpts which illustrate how interpretations and conclusions were drawn have been presented throughout the chapter.

the language as in discourse analysis).

The analysis of the narratives is categorized into the three general, overall themes yielded by the thematic narrative analysis where the overall interviews were the unit for analysis. These themes therefore represent the findings of the analysis. The first two themes describe the survivors' social support experiences before they became members of the online support group. All three themes were referred to by all 10 interviewees during their interviews.

1. Constructions of others and relationships – disclosure of abuse, blame
2. Constructions of self/identity
3. Constructions of online social support

4.1.1 Constructions of others and relationships

The first overall theme yielded by the narrative analysis was constructions of others and relationships. As the focus of this study was to examine *why* survivors might turn to the Internet for social support, the respondents were initially asked to whom they first disclosed their abuse. The survivors in this study overwhelmingly provided narratives of not being believed when they disclosed their abuse to people in their support networks. Many of the interviewees made reference to disclosing their victimization as being problematic by describing the reactions of others when they did disclose their rape experiences and how they dealt with the issues of blame that arose upon disclosure. This section will firstly examine the narratives associated with the survivors' disclosures, followed by an analysis of the narratives discussing issues of blame.

4.1.1.1 *Disclosure of abuse*

As a subcategory of the overall theme of constructions of others and relationships, the disclosure of abuse was a major concern highlighted by the survivors in their interviews. When disclosing experiences of sexual victimization, being believed is particularly important to rape survivors, as the

legitimacy of the rape experience itself is salient (West, 1999). The survivors in this study consistently oriented towards a need to be believed when they disclosed their experiences. In the following excerpts, the survivors highlight the importance of validation from their social networks when disclosing their history of abuse.

While discussing being believed in her narrative, Julia highlights a split between friends who chose to believe her and those who chose not to believe her. When asked about if her friends were supportive of her after hearing about the assault, she replied, “For the most part, yeah” (line 80).

Extract 1: Julia¹⁹

- 79 J were your friends supportive?
80 Ju For the most part, yeah
81 J how were they not?
82 Ju The school was kind of split over it. A lot of them thought
83 that I was making it up, or that I'd wanted to do it
84 J how did you deal with that?
85 Ju A lot of my friends didn't really know what to say, I think.
86 So they would just avoid me, or wouldn't talk much around me.
87 Ju A lot of times, I would find that conversations would just
88 stop when I came around
89 Ju At first it really bothered me. But I had a group of close
90 friends, who knew what happened and defended me, so I
91 just started ignoring it, and it wore off eventually
92 Ju It did hurt though. That people were believing him over me
(lines omitted)
220 J how did your husband react when you told him?
221 Ju he was a little disbelieving -- I don't think he thought I
222 was lying, but he wasn't sure something like that could
223 really happen at school. On the whole, he was supportive
224 and sympathetic, though reluctant to talk about it.

In her narrative, Julia downplays the significance of the impact of not being believed. Julia begins the statement in line 89 with the words “at first”, suggesting that what she is to say immediately following is no longer an accurate depiction of her current state. While Julia admits that “At first it really bothered me” (line 89) this is followed immediately by “But I had a group of close friends, who knew what happened and defended me, so I just started ignoring it, and it wore off eventually” (lines 89-91). In fact, in typing this statement Julia not only

¹⁹ Quotes are reproduced verbatim, as they were typed by the respondent and interviewer (via the instant messenger program), throughout the thesis.

uses the clauses “at first” and “but”, she additionally separates the two thoughts with a period and capital letter to begin the next sentence: “At first it really bothered me. But I had..” (line 89). This is further impacted by Julia’s statement that this behavior eventually it wore off inferring that she was, and is, fine.

Although Julia’s response, “For the most part, yeah” (line 80) is in the affirmative it also suggests that some of her friends were not supportive. This is noticed by the interviewer who subsequently asks, “how were they not?” (line 81), thus validating Julia’s interpretation. Julia downplays how her friends were not supportive by explaining why her friends avoided her in lines 85-86: “A lot of my friends didn't really know what to say, I think. So they would just avoid me, or wouldn't talk much around me”. In providing an explanation for her friends’ unsupportive behavior Julia is explaining their behavior on their behalf. Accounting for their behavior in this manner constructs Julia as understanding and not holding resentment towards these “friends”. In other words, Julia is presenting herself in a positive light.

Despite this downplaying of the effect of her friends’ behavior on her, almost as a reminder Julia immediately qualifies her response afterwards stating that, “It did hurt though. That people were believing him over me” (line 92) showing that while she coped with not being believed it was still difficult to get through. What is interesting here is the “flexible and dynamic way in which a speaker may shift between merely reporting events and constructing personal involvement in an account” (Abell & Stokoe, 1999, p.316). By downplaying the significance of events, Julia maintains rhetorical distance from what is said and thus appear unaffected. However, Abell and Stokoe (1999) argue that sometimes it is important for speakers to appear highly interested in what is said in order to convey that they are not disinterested and unaffected. Julia’s statement that “It did hurt though” (line 92) takes on the tone of “wait a minute, it wasn’t that simple”, mitigating the portrayal of herself as distanced from what she was saying. These constructions of others in Julia’s narrative illustrate how other people contributed to Julia’s negative experience disclosing her abuse.

In addition, when initially asked how she dealt with a lot of her friends not believing her Julia does not actually begin to answer the question until line 89. Instead she provides scene-setting detail where she provides an explanation for her why some of her friends did not believe her. In Julia's statement that, "A lot of my friends didn't really know what to say, I think. So they would just avoid me, or wouldn't talk much around me" (lines 85-86) she provides an explanation for why her friends did not believe her and then describes their behavior as a result of not believing her. The phrase "I think" constructs Julia's statement as her opinion, and not fact, which operates to portray Julia as having given consideration to how and why the events occurred. Julia also provides another explanation in lines 89-90 when she explains why she is no longer bothered about some of her friends not believing her. She states that while she was bothered at first, she had a group of close friends who knew the truth and supported her. This withdrawn, casual way of describing events again portrays Julia as being objective, and therefore believable. Julia also works to downplay the impact of events in order to construct herself as someone who should have been believed and someone who should be believed.

Later on in the interview Julia returns to the issues of being believed after being asked how her husband reacted when she told him about the abuse years later (lines 220-224). Julia immediately downplays his disbelieving reaction to her account, stating that, "he was a little disbelieving -- I don't think he thought I was lying, but he wasn't sure something like that could really happen at school. On the whole, he was supportive and sympathetic, though reluctant to talk about it" (lines 223-224). Julia's description of her husband as a "little disbelieving" is almost oxymoronic, as she works to minimize the impact of his not truly believing her account of events. Julia provides an opinion for her husband's reaction, stating that she doesn't think he thought she was lying. This is followed by a factual explanation for why her husband was a "little disbelieving" because he did not think something like that could happen in school. These examples illustrate how both the form and content of a narrative contribute to the overall sense of Julia's story of victimization. Considering both the "how" and "why" of Julia's narrative in

this analysis allows for an understanding of how she conceptualizes her social support experiences.

As before, Julia provides an explanation for another person's reaction, stating that, "I don't think he thought I was lying" (line 221-222). This is followed by an explanation for why her husband was a "little disbelieving" as Julia explains, "he wasn't sure something like that could really happen at school" (line 222-223). Providing an opinion followed by an explanation to support this belief works to construct Julia as understanding of why her husband would be a "little disbelieving", and therefore diminishes the effect of his negative response to her disclosure of rape as she can appreciate why he would react that way. This also works to down play any effect her husband's reaction may have had on her and suggests that his reaction had very little impact. This also creates a casual tone to the narrative.

As with Julia, Cathy also recalls disclosing her abuse as being problematic. In the following excerpt Cathy discusses recalling memories of abuse during a camp retreat and her experiences of disclosure.

Extract 2: Cathy

113 C I told a counselor at a college preparatory summer
114 program when I was 16 after a take back the night rally
115 C that's when the memories of abuse returned
116 C I had put the abuse out of my mind/repressed it for some years
117 J did something trigger them?
118 C yes, hearing other people's stories of abuse at take back
119 C the night memories came flooding back that night and I
120 didn't know to whom I could turn
121 J what made you confide in this counselor?
122 C I was in one of her academic classes where we had
123 discussed abuse, so I felt comfortable talking to her about
124 my personal abuse experience
125 J were you given advice on what to do?
126 C She was pretty supportive, but she recommended that I
127 talk to my family about it and learn to forgive them
128 C She told me to explore my memories more first
129 J how did you feel about those suggestions?
130 C I felt too scared to bring up the memories for myself and
131 was not ready to discuss the abuse with my family at all
132 until the following summer
133 C it was a disaster actually when I told my family!
134 C I hadn't planned the way to tell them very well

135 J that was brave! what happened?
 136 C I was working as a waitress at a sleepaway camp - and I
 137 was very stressed out, not eating or sleeping very well
 138 C the memories were so overwhelming that I could no
 139 C longer cope I felt like I was going crazy
 140 C so one day when I was talking to my parents on the
 141 phone, I blurted out, "I think my sister abused me."
 142 C My parents were furious, and my mom hung up the
 143 C phone on me. My whole family (including my
 144 abuser/sister) came to see me for a visit afterward
 145 C I pretended that I had never mentioned anything about
 146 the abuse
 147 J did they try and talk to you about it?
 148 C My parents offered me the chance to come home with
 149 them, but I decided to stay at the camp the rest of the
 150 summer
 151 J what do you wish they had done when you told them?
 152 C I don't really remember...I blocked out most of what
 153 happened at that time, but I think they only mentioned
 154 C the abuse in passing. I wish they had believed and
 155 supported me
 (lines omitted)
 202 C I do remember something else important to tell you
 203 J yes?
 204 C I also started seeing the school psychologist in high
 205 school when my memories were resurfacing
 206 C I tried to tell my mom about the abuse again, but she
 207 C rejected me still. I felt like running away
 208 C I felt like the black sheep of the family and was struggling
 209 C in school too so my best friend in high school arranged
 210 for me to start seeing the school psychologist
 211 C it helped me somewhat
 212 J how did the school psychologist react?
 213 C she was very supportive
 214 C about the abuse issues and my problems with my mom
 215 J what did she do to help you?
 216 C she gave me a journal to write my feelings in, she listened
 217 to me and believed me about everything
 218 J you also mentioned telling your friends - can you tell me
 219 about that?
 220 C also, I trusted her with an audio cassette tape I had
 221 recorded of my mom when she was angry and yelling and
 222 banging on my bedroom door
 223 C my best friend in high school believed me completely
 224 about my abuse experience
 225 C she and I corresponded through secret letters so that
 226 other friends or my family would not find out

Although both Julia and Cathy are describing instances of not being believed,
 unlike Julia, Cathy's narrative is based on abuse that she had forgotten and had to
 subsequently recall after being triggered by "other people's stories of abuse"

(line 118). Cathy, therefore, has additional work to accomplish in her narrative, as Cathy must convince the listener that even though she did not originally remember the abuse, that it did happen, and happened the way in which she is telling. Cathy works to accomplish this by citing an authoritative source on multiple occasions, providing corroborating evidence for her narrative. Firstly, Cathy highlights that her camp counselor believed her, and is therefore able to position herself as a person who had been victimized by her sister as a child, despite being unable to fully recall what happened. Cathy describes her counselor's reaction as, "pretty supportive, but she recommended that I talk to my family about it and learn to forgive them...She told me to explore my memories more first" (lines 126-128). Although Cathy uses the camp counselor as corroborating evidence of her abuse, her description of her counselor as "pretty supportive" works against this claim of veracity. Although the counselor believed her, the reaction was not as supportive as Cathy would have liked, and her advice was not well accepted by Cathy.

Cathy's significant memory loss concerning the abuse results in a fragmented narrative about "what happened". The lack of coherence impedes her ability to easily convince the listener about the veracity of her version of events. As a result, Cathy was the survivor who had the greatest issues with negotiating how others ascribe blame to her in her narrative. Cathy's unsupportive responses from her family hindered her efforts to create a coherent narrative about her abuse. Cathy describes her parents as "furious, and my mom hung up the phone on me" (line 142-143) when she disclosed the abuse. Cathy additionally had great difficulty accurately recalling her history of abuse. Cathy's narrative is limited in descriptive content and breadth, and is punctuated with hesitation and uncertainty. A narrative that is so fundamentally "shaky" is at greatest risk for being questioned or disbelieved by a listener. Cathy uses qualifiers throughout, revealing her uncertainty with the version of events she is presenting. Utterances such as, "I don't really remember...I blocked out most of what happened at that time, but I think they only mentioned the abuse in passing" (lines 152-153); and "I think my sister abused me" (lines 141) work towards constructing Cathy as doubtful throughout her narrative, compromising the

persuasiveness of her story. She is therefore vulnerable to being questioned and disbelieved by listeners.

Cathy subsequently deals with this hesitation later on in the conversation where she states, “I do remember something else important to tell you” (line 202).

Cathy highlights the importance of what she is about to say and the factuality of what is about to come (“I remember”). Cathy’s solution to her doubtful previous claims is to quote an additional authoritative source to convince the listener that, even though her family did not believe her, she could present someone who did. Cathy’s second authoritative source is her high school psychologist who “was very supportive” (line 213). Cathy supports this claim with factual detail about how the psychologist “gave me a journal to write my feelings in, she listened to me and believed me about everything” (lines 216-217). Note Cathy’s statement that the psychologist believed her about *everything*. In other words, there was no doubt or unsupportive reaction, such as with the camp counselor. Doing so allows Cathy to position herself as a victim despite being disbelieved by others.

Cathy’s claims are further supported by her statement that, “my best friend in high school believed me completely about my abuse” (line 223-224) and that she was the one who “arranged for me to start seeing the school psychologist” (lines 209-210). This statement is supported, once again, by additional factual documentation that “she and I corresponded through secret letters so that other friends or my family would not find out” (lines 225-226).

Once again, Cathy’s narrative highlights the importance of the positive social support she received in the midst of the very unsupportive reactions of her family who made her feel like “running away” (line 207) and “the black sheep of the family” (line 208). Despite claiming that she didn’t “really remember” how she wishes her family would have reacted, and “blocked out most of what happened at that time” (line 152-153), Cathy immediately then states, “I wish [my family] had believed and supported me” (line 154-155). Cathy’s description of the validating responses of her best friend and psychologist are both highlighted as important because they “believed me about everything” (line 217)

and “believed me completely” (line 223), illustrating the importance of being validated.

These stories of invalidation highlight the importance of relationships and support in co-constructing meaning for the significant impact of sexual victimization. According to these survivors, validation of their disclosures was critical to their coping. Whether survivors provided stories of being believed or being invalidated, all of the stories orient to the importance of social support and relationships for co-constructing meaning after sexual victimization. Support from the survivors’ friends and families validated the survivors’ accounts and claims and acknowledged their suffering. For example, when she was left feeling invalidated by her family, Cathy learned to disperse her need for support to other people to feel validated. Issues of self-blame were also of importance to survivors when narrating about their abuse, which will be discussed subsequently.

A second subcategory of the first theme across the narrative analysis (the constructions of others and relationships) dealt with blame. The following analysis will describe how, by highlighting social relationships, survivors provided accounts of supportive responses, which helped to actively diminish feelings of blame experienced by the survivors and unsupportive responses, which added to their feelings of culpability.

In the excerpt below, Valerie describes growing up in an abusive, chaotic household.

Extract 3: Valerie

- 22 J did you tell your family about the abuse
 23 V no, i've never told them
 24 J are you worried about their reaction?
 25 V well I've chosen not to tell them to avoid the probable reaction
 26 J what would be the probable reaction?
 27 V my family is a hotbed of secrets
 28 V nothing is dealt with
 29 V I think they would be essentially minimizing
 30 V but it's a complicated situation
 31 V my father was extremely physically abusive, and my aunt
 32 is a control freak
 33 V but...now we get on fine. they relate to me well as an adult
 34 J although it's obviously hard to say do you think you
 35 would have had an easier time coping with support from
 36 your family?
 37 V I don't think my family would have been supportive
 38 V or, their attempts to be supportive would have been
 39 counterproductive
 40 J why counterproductive?
 41 V I have an aunt who was sexually abused, and she got no
 42 support from her family
 43 V I think they would have caused more wounds than they
 44 treated
 45 J did you ever tell any other friends besides when you
 46 were 17?
 47 V you mean since then?
 48 J yeah
 49 V I've told pretty much all my friends
 50 V there are hardly any people in my life who don't know,
 51 apart from my family
 (lines omitted)
 90 V when my aunt was abused my family didn't believe her
 91 at first and then made her feel like sh*& about it

92 J How so?
 93 V they told her she should have told someone and stopped it

At the beginning of Valerie's excerpt she provides background details about her family's personality characteristics to explain why she never told her family about the abuse, stating, "my father was extremely physically abusive, and my aunt is a control freak" (lines 31-32). By providing these details for the listener Valerie creates a scene of an unsupportive, and thus disbelieving, family. By identifying her parents' characteristics as an "extremely physically abusive" (line 31) father and "a control freak" (line 32) aunt in explaining why she did not tell them about the abuse, Valerie makes relevant the influence of her parents on her subsequent ability to cope with her mother's molestation. This background information about her parents provides the grounds for an attributional account where Valerie's family are at fault for her not disclosing her abuse.

Valerie provides many details about why she did not disclose her abuse to set the scene of the environment in which she had to deal with her abuse. Valerie states that she did not tell her parents because "they would be essentially minimizing" (line 29), "my father was extremely physically abusive, and my aunt is a control freak" (lines 31-32), and "I have an aunt who was sexually abused, and she got no support from her family" (lines 41-42) in order to construct a solid base on which to establish her claims that she has "chosen not to tell them to avoid the probable reaction" (line 25) and that "it's a complicated situation" (line 30). Horton-Salway (2001) maintains that the deployment of this background information about Valerie's family sets the parameters for what is relevant about her coping. In other words, Valerie's claims that her parents would be "essentially minimizing" (line 29) if she told them about her abuse provides an explanation for why she did not tell her parents. In line 26 when Valerie is asked, "what would be the probable reaction [to telling her parents about the abuse]?" Valerie provides an explanatory response in lines 27-28 ("my family is a hotbed of secrets...nothing is dealt with"), followed by the actual answer to the question in line 29 ("I think they would be essentially minimizing"), continued by a modification of her response in line 30 ("but it's a complicated situation"). This

is then followed by Valerie's additional modifying statement that her "father was extremely physically abusive, and my aunt is a control freak" (lines 31-32).

In telling about coping Valerie provides explanations for her actions by orienting to background information about her parents' personalities in the actual response to why she chose not to tell her parents about the abuse ("I think they would be essentially minimizing" line 29) that is then further explained and modified. This information then functions to further support Valerie's telling of a negative coping experiences with an unsupportive family and strengthens her claims of why not telling is "a complicated situation" (line 30). These narrative techniques serve to place Valerie in the role of innocent victim at the whim of an unstable family.

Categorizing her family in this way has two functions for Valerie. Firstly, these categorizations work to ensure that her claims about her parents are less likely to be disagreed with. Focusing on the form of Valerie's narrative, her utilization of these terms construct Valerie as holding a strong opinion on the subject that is not likely to be disagreed with by the interviewer, a person who has never met Valerie's family. Secondly, these descriptions work to categorize Valerie's family as the ultimate members of their attributed identities. For instance, Valerie's aunt is not simply a controlling person, she is a control *freak* and her father is not simply physically abusive, he is *extremely* physically abusive. These extreme case formulations work to present the strongest case of Valerie's experiences to the listener. In describing her family in this manner and stating that her family "would have caused more wounds than they treated" (line 43-44) Valerie infers that her family's methods of coping with family situations are ineffective and damaging.

Describing her family's identities while discussing her coping functioned to mitigate any blame that might have been attributed to Valerie for not disclosing her molestation and seeking help. Self-blame for not disclosing abuse (and stopping its continuance) has been noted amongst survivors of sexual abuse (SECASA, 2012; von Fraunhofer, 2006). Valerie's narrative works to resist the

notion that it is her fault for not disclosing by initially describing her unsupportive family (line 37), and later explaining that when her aunt disclosed her abuse the family “told her she should have told someone and stopped [the abuse]” (line 93), inferring that she would also be blamed for failure to disclose at the time of the abuse by her family. Valerie’s narrative thus portrays her as someone who is not at fault for not disclosing. Moving from a focus on form to the overall content, Valerie’s narrative highlights how the expected unsupportive reaction of her family caused her not to disclose her abuse, once again emphasizing the essential role of social support in coping with sexual victimization.

As with Valerie, the following extract depicts how Tim also negotiated complex issues of blame in dealing with his abuse.

Extract 4: Tim²⁰

- 20 J what kind of support do you recall needing immediately
 21 after the assault?
 22 T well, the support I needed and the support I got were 2
 23 different things,
 24 I needed some psychological support and just got
 25 mentally abuse by the person I saw.
 26 J what kind of help in particular did you need
 27 psychologically?
 28 T well, I had never gone through something like this before
 29 and wanted to understand what actually happened to me,
 30 instead I got some dimwit that said that the whole
 31 gangrape was my fault and i should blame no one but
 32 myself.
 33 J not exactly a supportive response! were you given any
 34 other advice/discussion?
 35 T not until I recognized that I needed the help, I was too
 36 scared of having the same thing happening again, and did
 37 not seek help because of it.
 38 J a very understandable reaction - what happened to lead
 39 you to realize you needed the help?
 (lines omitted)
 98 J well I'm glad you found a good psychologist! looking back
 99 now, what do you wish that counsellor had done? - what
 100 would have helped you after the assault?
 101 T I wish I had never gone to see him, I feel I would have
 102 been better off if I would have never seen him. he

²⁰ (Tim’s interview changed topic throughout. The excerpt below depicts the times in which Tim discussed issues of blame with other parts of the interview omitted.)

103 screwed me up more than I could see at the time, but I
 104 also think that he could have been more understanding
 105 than just blame the entire incident on me.
 106 J in an ideal world what would have been most important
 107 for you to have in terms of support immediately after?
 108 T someone that could just listen to what happened, then
 109 make suggestions rather than criticize out what happen.
 110 J exactly what a good counsellor should have done! you
 111 mentioned in the survey that you reported the assault,
 112 but not to the police - can you tell me about that?
 113 T well, it was mentioned after it happened when I was
 114 seeing him, but after the way he treated me I just could
 115 not go through with talking to the cops, I thought that
 116 they would treat me the same way he treated me.
 117 J were you referred to the counsellor immediately after the
 118 assault within the military?
 (lines omitted)
 128 J so after your interaction with the military counsellor how
 129 long was it before you attempted to seek help again?
 130 T about 2 years after I got out of the military, about 1993,
 131 that went badly as well.
 132 J what happened there?
 133 T well, they gave me a male psychologist, at 1st i thought it
 134 was going to go differently, but then he started asking me
 135 questions such as what did I do to make the guys have sex
 136 with me, nothing about being raped, just what about the
 137 sex. it was like the rape never happened at all with him,
 138 it was always sex to him and never about being raped.
 139 you see why I was so reluctant to see anyone?
 140 J yes I can definitely understand...I am amazed that you
 141 had the strength to try again! How long after this
 142 reaction that you wait to see someone else?
 143 T just a few weeks ago is when I got up enough courage to
 144 go again, and you can thank the women of Survivors
 145 Online for that as well, especially XXXX²¹.)
 146 J how did it go when you tried again with a new
 147 counsellor?
 148 T well, other than the group therapy session I had, so far it
 149 going ok, I just do not think I will go through anymore
 150 groups for awhile.
 151 J what happened in group?
 152 T the group already knew that men can get raped just as
 153 any woman can, but most of the women in the group said
 154 that they did not believe that any man could get raped
 155 while I was in the group.
 156 J ?? wow you have had a time of it with unsupportive
 157 people!
 158 T you are telling me, I just hope this therapist does work
 159 out.

Tim's narrative describes the unsupportive reaction of his initial counselor in

²¹ Person's name omitted

emotive language, compelling the listener to agree with his affective characterization of his counselor as “mentally [abusing]” (line 25); a “dimwit” (line 30); and “screw[ing] me up” (line 103). Tim’s subsequent description of visiting a male psychologist and joining a group therapy session are also rife with descriptions of invalidation and blame. Tim describes his visit to the psychologist as “always sex to him and never about being raped” (line 138). He follows this by asking me, “You see why I was so reluctant to see anyone?” (lines 139), which operates to ensure that the listener is agreeing with his narrative and construction of the psychologist’s actions. Tim also expresses his incredulity at the psychologist’s behavior with this statement.

Later, Tim’s similar description of the invalidation experienced by the group therapy session is pre-empted by his statement, “ I just do not think I will go through anymore groups for awhile” (lines 149-150), setting up the listener to expect the following narrative to be another story of an unsupportive reaction to his experiences. Tim’s narrative is very factual and rife with details explaining his reactions and experiences. The strong coherence and factual basis present in Tim’s narrative ensures that the listener will not question the veracity of his claims. Tim’s narrative is obviously convincing, evidenced by my responses agreeing with and supporting his versions of events (lines 33, 140, and 156).

Tim’s narrative highlights his difficulties in dealing with blame due to the very negative and invalidating responses he received from mental health professionals. Tim’s narrative contrasts the supportive and validating role expected of mental health professionals with the narrow-minded and ill-informed responses he received when he attempted to ask for help. Tim specifically brings up the issue of blame spontaneously during the interview, highlighting the impact of the invalidating responses in coping with his rape. In the first part of the previous excerpt Tim explains that the “dimwit said that the whole gang rape was my fault and I should blame no-one but myself” (lines 31-32). Tim’s description of the psychologist as a “dimwit” serves to mitigate the blame assigned to him by the psychologist and construct himself as a victim. He follows this by drawing attention to the further negative impact of this

unsupportive response by explaining that even though he needed help he “was too scared of having the same thing happening again, and did not seek help because of it” (lines 35-36). When Tim returns to the topic later in the interview he provides further evidence to the damage of the unsupportive reaction, stating that “ I wish I had never gone to see him, I feel I would have been better off if I would have never seen him. He screwed me up more than I could see at the time, but I also think that he could have been more understanding than just blame the entire incident on me” (lines 101-105).

Tim draws attention to the need he had for a supportive social response, and explains that the lack of one meant that his coping was hindered and made more difficult. As with the other survivors, Tim draws attention to the importance of being believed, not being blamed, and having that essential support during disclosure and coping. Tim explains that he “did not seek help because of” (line 36-37) the lack of support; that “after the way he treated me I just could not go through with talking to the cops, I thought that they would treat me the same way he treated me” (lines 116). In other words, not only did the lack of support hurt Tim, but it stopped him seeking help elsewhere because of the revictimization he experienced from the counsellor.

When Tim finally decided to try seeking support again he was met with similar invalidation two years later. Tim explains that while he hoped “it was going to go differently” (lines 133-134) the psychologist also invalidated Tim’s experience in that “it was like the rape never happened at all with him, it was always sex to him and never about being raped” (lines 136-137). Despite these two very negative reactions from mental health professionals it is notable that Tim kept trying to seek that all-important validation and support. Tim explains that “just a few weeks ago is when I got up enough courage to go again” (line 143-144), thanks to the women on the social support site. This brief statement illustrates the importance of that validation to Tim. After receiving social support online Tim gained the courage to try and seek additional validation and support with a survivor support group. Unfortunately, Tim found that he was once again blamed for his experiences, which were invalidated even by a group

of “fellow” survivors of sexual crime. Tim explains that, “the group already knew that men can get raped just as any woman can, but most of the women in the group said that they did not believe that any man could get raped while I was in the group” (lines 152-155).

Tim frames this experience as different in that this invalidation came from a group of survivors. He explains that even though “the group already knew that men can get raped just as any woman can” this knowledge did not translate into support and acceptance. Noticeably, when Tim described not being believed by the mental health professionals he describes one as a “dimwit” (line 30) and the other as ““screw[ing] me up” (line 103), he does not describe the unsupportive survivors in this way. Tim merely says, “they did not believe that any man could get raped” (lines 154-155). Tim’s comparative “silence” and brief, factual description of the survivors’ reactions suggests that Tim feels silenced and invalidated about this recent event. Nevertheless, Tim finishes our conversation with a statement of hope, “you are telling me, I just hope this therapist does work out” (line 158-159). Despite everything, Tim is still trying to search for that validation and support.

In contrast to Tim’s emotive descriptions of his social networks, Julia provides a factual and somewhat detached narrative at first glance when discussing issues of blame. Her casual and distant description also seems to illustrate her disregard for her experiences, until the end of her narrative.

Extract 5: Julia

31 J so who did you finally decide to confide in?
32 Ju I was in the church at the time and I had been sent to
33 see the counselor there - I told her about it
34 J how did she react to what you told her?
35 Ju she said it explained my behaviour to date but after
36 that it was expected to be over
37 Ju I wasn't meant to talk about it again
38 J were you glad you told her or did you regret it?
39 Ju that is difficult - I am glad that I said something to
40 someone but I don't think that she was the best
41 person to talk to
42 J understandable! did you tell anyone else after the
43 experience with your counsellor?

44 Ju not for ages
 45 Ju she told someone though
 46 Ju but I didn't for a long time
 47 J did she tell someone against your wishes?
 48 Ju well it is a bit of a strange situation because it was all
 49 caught up in the church - she told my pastor as he
 50 wanted to withdraw a reference he had written
 51 about me because I had had sex before marriage - it
 52 was out of my control
 53 J wow...how did you cope with all of that?
 54 Ju I didn't if I am honest
 55 J I was a mess
 56 Ju eventually I moved away

Julia's telling of her narrative in such a matter-of-fact way makes it risky that the listener will be convinced that Julia is a victim and affected by her victimization. It takes a careful reading of Julia's account to "hear" the emotion, which does appear directly until lines 54-55, where she admits she wasn't coping with what happened and "was a mess".

In contrast to Tim, Julia never refers to blame directly, but similarly to Tim, constructs herself as an innocent victim. Julia contrasts the caring approach that is expected from counselors and pastors with the treatment she received. Widdicombe and Wooffitt (1995) point out that an official or occupational identity (such as the pastor and counselor in this case) is sometimes used as an interpretative resource by the speaker to warrant for the pastor or counselor's reaction. In this case the pastor and counselor's roles are used to contrast what should have been their reactions with the extreme reactions that Julia received. Constructing herself as disagreeing with the actions taken by the pastor and counselor in her church functions to attribute blame to them for making it hard for her to talk about rape, as well as functioning to question the entitlements of these people to take away her "control" (line 52) of the situation. The statement "it was out of my control" (line 52) also puts Julia firmly in the role of a victim.

Positioning herself as a victim enables Julia to achieve particular discursive actions in blaming the counselor and pastor for behaving in an extreme and unwarranted manner towards a defenseless person. Using phrases such as, "I

didn't [cope] if I am honest" (line 54) and "I was a mess" (line 55) constructs the pastor and counselor's behavior in terms that emphasize their brutality and insensitivity, constructing Julia as a victim. This dichotomy is also set up earlier in Julia's extract when she is asked if she told anyone about being raped after her negative experiences with the counselor (lines 42-43). Julia responds that she did not tell anyone, although the counselor did. She further re-emphasizes the point that she was not the one who told stating that, "*she* [the counselor] told someone though" (line 45)..."but *I* didn't for a long time" (line 46). This conveys that the counselor's actions did not represent Julia's wishes and also places Julia in the role of a helpless victim with no control over who she tells about her own experiences. In this extract, talking about rape is again expressed as being a normal action that receives an extreme and unwarranted response.

Julia's narrative also highlights how the unsupportive reaction of the counselor led her to have to move away from the environment and to physically distance herself from this reaction. This extreme response of having to move away from the inferred blame again illustrates the essential role of positive social support in coping with sexual victimization. However, this decision to move away also emphasizes Julia's decision to take some control back over the situation and to physically distance herself from the negative influence of the counselor in her life. Julia's narrative emphasizes both the drastic impact of negative social support and the underlying resilience that was present in her character, despite this negative influence.

In the extract below Diana, a long-time member of the support website, also describes her difficulties in dealing with issues of blame when she disclosed her experiences.

Extract 6: Diana

40 J how did they react?
41 D My other step-brother and my oldest step-sister acted
42 like nothing at all happened. My step-dad felt guilty and
43 how idea how to react to me, which caused a lot of
44 discomfort. My step-sister, who's the same age as me,
45 was the worst. She told me flat out that she didn't believe
46 me, and that even if it happened, it was my fault anyway.

47 And though my mom believed me,
 48 she didn't react well. She was more focused on who
 49 deserved the blame than on what was going on with me.
 50 J How did you cope with all of that?
 51 D Denial, mostly. And a lot of drinking, unfortunately.
 52 J obviously it's difficult to say but do you think you would
 53 have had an easier time coping with better support from
 54 your family?
 55 D Definitely.
 56 J what would have been different?
 57 D I think that I wouldn't have had to turn to drinking if I'd
 58 had that support. In later years, I think I may have felt
 59 safer in confiding about the other rapes. And I think that
 60 if that trust hadn't been broken, I might've had an easier
 61 time with therapy and gotten the help I so desperately
 62 needed. After getting reactions like that from my own
 63 family, I couldn't imagine confiding in anyone else about
 64 the rapes and risking the secondary wounding all over
 65 again. I kind of figured if my own family reacted that
 66 way, then surely it was my fault. I still struggle with that
 67 sometimes.

As an established member of the online support group, Diana is well-educated about sexual violence. From her knowledge base it seems that she should be able to identify her behavioral sequelae as similar to what others are experiencing and to understand that she is blameless. This lingering inability to understand that she is not responsible for the rape she experienced ("I still struggle with that sometimes", line 66-67) mirrors Leitner's (1999) social constructionist conceptualization of trauma, where trauma hinders the functioning of the meaning-making system in victims. This also lends further support to Lakey and Cohen's (2000) earlier argument that social-cognitive views are a modern manifestation of social constructivist theory, as once a survivor develops stable beliefs about support their everyday thoughts on support are assimilated to fit these existing schemas, possibly explaining how trauma impacts survivors' meaning-making systems. This further reflects the realist epistemology of the present thesis as it examines individual differences and internal cognitions about social support (as opposed to establishing the wider societal beliefs about social support).

Despite Diana's extensive knowledge of sexual violence and working with survivors, Diana is still, at times, unable to make sense of her victimization and

finds herself unable to place the blame for the rape clearly with the perpetrator as a result of her family's unsupportive reactions.

Diana's narrative allies her various family members' styles of behavior with a list of descriptions that portray her family's reactions as unsupportive and disbelieving of her. Diana states, "My step-dad felt guilty and [had no] idea how to react to me, which caused a lot of discomfort" (lines 42-43). This statement describes Diana's father as having no idea how to react based on his feelings of guilt, and the subsequent consequence was discomfort.

Diana consequently describes her stepsister's reaction, stating that, "She flat out told me that she didn't believe me, and that even if it happened, it was my fault anyway" (lines 45-46). Diana only provides a detailed description of her stepsister's reaction, whose response was to blame Diana. Immediately afterwards Diana's mother is also described as "more focused on who deserved the blame than on what was going on with me" (lines 48-49). Diana describes her family's reactions in negative terms such as causing "a lot of *discomfort*" (line 43-44) and "the *worst*" (line 45) which functions to construct Diana's family as unsupportive. In constructing her family's responses as unsupportive, Diana accounts for the role of others in her lack of coping. These descriptions of the harsh reactions of Diana's family also function to portray Diana's subsequent account of why coping "with all of that" (line 50) was only possible only through "Denial, mostly" (line 51) as plausible and believable.

Diana concludes her narrative with a statement that her remaining difficulty in accepting that she is not to blame is due to her family's initial unsupportive reactions when she disclosed what happened stating that, "I kind of figured if my own family reacted that way, then surely it was my fault. I still struggle with that sometimes" (lines 65-67). Horton-Salway (2001) maintains that these descriptions of others' styles of behavior set the parameters for what is relevant about their coping. For instance, Diana makes her family's behavior relevant in her difficulties in coping in lines 41-49. She states coping was

only made possible by, “Denial, mostly. And a lot of drinking, unfortunately” (line 51). In other words, these descriptions of others’ behavior styles warrant why it was difficult to cope with her abuse.

In addition, this narrative constructs Diana’s family as being at fault for Diana’s coping difficulties. For instance, in her statement that, “I think that I wouldn’t have had to turn to drinking if I’d had that support” (line 57-58) Diana is blaming her family. Diana states, “I wouldn’t have *had* to,” (line 57) suggesting that she had no choice in the matter, and her family’s lack of support towards her caused her drinking. This narrative suggests that “if I’d had that support” then “I think that I wouldn’t have had to turn to drinking”. This construction suggests that not getting support and the subsequent drinking is a logical relationship, and therefore her drinking was *caused* by the lack of support. This logical relationship again works to infer blame to Diana’s family for her difficulties in coping.

As with the previous narratives, Diana’s story also highlights the impact of unsupportive social networks in trying to cope with sexual victimization. In Diana’s case, this resulted in her drinking; a sequelae of sexual assault that is often reported in the literature (Finkelhor, 1990; 1994). However, Diana’s narrative provides an additional element to this relationship; according to Diana, the assault did not result in her drinking. It was the denial and blame from her family that caused her drinking. Diana’s narrative emphasizes the importance of listening to survivors’ stories in order to truly understand the relationship between sexual assault and the sequelae reported in the literature.

Additionally, as with the other survivors, Diana’s narrative also highlights elements of her positive adaptation and resilience to her victimization. While Diana admits that she did not cope well, her description of what happened is completely phrased in the past tense (e.g., “In later years, I think I may have felt safer in confiding about the other rapes. And I think that if that trust hadn’t been broken, I might’ve had an easier time with therapy and gotten

the help I so desperately needed” – lines 58-62). By phrasing her statements in the past tense, Diana presents herself as having moved on from this state of being, which infers a resilience.

While the narrative excerpts discussed here differ in content and form, what is consistent is that, no matter what the experience of sexual victimization, every survivor attempted to, on varying levels, minimize responsibility for the victimization and highlight the uncontrollable, external elements that were to blame for their experiences. The survivors in this study used their narratives to construct their experiences as acts of victimization over which they had little or no control. Some survivors did so more convincingly than others, but all attempted to mitigate the blame of their victimization. In doing so, they also present themselves as resilient individuals.

These excerpts illustrate the massive significance of social support in disclosing and coping with sexual victimization. The invalidation of not being believed and being blamed for their experiences only serves to revictimize the survivors. Self-help books and websites instill the importance of ending the silence surrounding sexual victimization, but the reality is that if survivors’ disclosures and attempts to end the silence are not met with supportive and validating reactions, the benefits of disclosure will be seriously limited (if not completely extinguished). In some cases, the survivors highlighted that the damage associated with being blamed for their victimization served to impair their constructions and understandings of self. These narratives will be discussed subsequently.

4.1.2 Constructions of self/identity

In examining why survivors might turn to the Internet for social support, the second overall theme resulting from the narrative analysis was how survivors constructed self and identity while narrating their social support experiences after victimization. The invalidation and blame experienced by survivors while seeking social support from friends and family also led them to question their concepts of identity. Survivors describe a redefinition of self in these excerpts. The following analysis focuses on how, in describing their own identities, the survivors consistently describe both positive and negative social support experiences as shaping their view of who they are.

In the following excerpt, Tim describes a transformation in his identity as a result of his sexual victimization.

Extract 7: Tim

- 42 J how did she respond?
43 T at 1st she standoffish, but when she settled down she
44 started to understand what did happen to me, she also
45 was under the impression that only women could get
46 raped.
47 J those rape myths are culturally very strong
48 unfortunately...how did you feel about her response?
49 T when she made it originally, I thought she was just being
50 stupid, but afterwards I thought that she was very
51 understanding.
(lines omitted)
59 J you also mentioned that you told a friend about the
60 assault - can you tell me about when you told him/her
61 and their reaction?
62 T I told my female friend about it in 1997 about 6 months
63 after I met her, she is currently in a group therapy and is
64 seeing a psychologist as well. their reaction was actually
65 very good, she did know it happens to men as well as
66 women.
67 J did you know about it happening to men before it
68 happened to you?
69 T no, I don't ever think I did know, after it happened to me, I
70 thought I was just an isolated case, an aberration as some
71 would put it.
72 J a normal reaction, even for women sometimes.
(lines omitted)
81 J easier said than done :) how did you cope initially with
82 such a negative reaction from the military counsellor?
83 T I wanted to have a sex change operation because of what

84 he told me, I thought that if it was my fault maybe I would
 85 feel normal if i was a woman rather than a man.
 86 J did it affect your feelings of sexual orientation as well as
 87 gender identity?
 88 T yes and no, yes because I thought if i was a woman I could
 89 have sex with men and feel normal in that aspect, and no
 90 I did not feel like a homosexual, I still do not feel gay, I
 91 feel more at home with women than I do around any guy.
 92 J so eventually you realized those worries were because of
 93 the counsellor and not anything to do with yourself?
 94 T yes, but I still think about getting a sex change about 2 or
 95 3 times a day, it is through my current psychologist that I
 96 found out that it is somewhat normal.
 (lines omitted)
 150 T the group already knew that men can get raped just as
 151 any woman can, but most of the women in the group said
 152 that they did not believe that any man could get raped
 153 while I was in the group. they also told methat if I
 154 wanted to get into their group again, I should go out and
 155 becomea woman through a sex change before I come
 156 back to their group.
 157 J ?? wow you have had a time of it with unsupportive people!
 (lines omitted)
 165 J does it make any difference to have a female therapist?
 166 T YES IT DOES, I will never trust a man again in the field, as
 167 far as my rape goes, I still do not see any male doctors in
 168 other medical fields because of the rape.
 169 J why do you think it is that men you have been in contact
 170 with have reacted so unsupportively?
 171 T I do not know why, but it always seems to me at least that
 172 women are more supportive than men are, maybe it is
 173 because they just do not want to admit that it does
 174 happen, and women do KNOW that it does happen.
 175 J good advice...i also just wanted to ask you about what you
 176 think about getting help/advice with your coping over
 177 the Internet. do you prefer it to face to face?
 178 T I like to get any kind of help I can, over the net or in
 179 person would be fine with me, as long as it is not coming
 180 from a man.
 (lines omitted)
 202 J is it hard for you to trust men in general now, or just in
 203 relation to your healing/therapy?
 204 T I have a hard time even associating with men in general, I
 205 am not racist but since the rape happened with black
 206 men, I cannot even stand being around any black man,
 207 black women are fine with me, but not men.

In the various excerpts here Tim highlights his identity issues with gender and sexuality as a result of his rape experience. Initially Tim refers to people's reactions to his disclosure of rape as questioning his sexuality. Firstly, Tim explains that he thought his wife's belief that "only women could get raped" (line

45-46) was “stupid” (line 50). Calling his wife’s reaction “stupid” ensures that Tim characterizes this belief as unacceptable and ill-informed, making it unlikely that the listener will side with his wife’s views. Tim supports this statement by providing additional evidence that “it happens to men as well as women” (lines 65-66) in the corroborating form of a friend who is “currently in group therapy and is seeing a psychologist as well” (line 63-64). Tim’s corroborating evidence from a friend who is familiar with group therapy and mental health professionals serves to add support to his claim that men can also be raped, and to further support the feeling that his wife’s initial unsupportive reaction was, indeed, “stupid” (line 50), despite admitting that even after becoming a rape victim he did not know it happened to men, and thought he “was just an isolated case, an aberration as some would put it” (line 70-71).

In this part of the narrative, Tim is making reference to the prevalent rape myths that exist, despite evidence to the contrary, which is echoed by myself in line 47, where I stated, “those rape myths are culturally very strong unfortunately”. As a psychology postgraduate I assumed that Tim would understand my reference to rape myths. Rape myths place the responsibility for rape with victims as a result of the way they were dressed, their behaviors, or substance use at the time of the assault (Burt, 1980; Doherty & Anderson, 1998), despite evidence in the literature showing that these “common sense” beliefs about rape do not hold true. For instance, Tim’s insistence that men can also be raped, reflects the notion in society that only women can be raped. These rape myths serve to perpetuate the blaming of victims in society when they are not responsible for being raped (Doherty & Anderson, 1998).

In the subsequent excerpt Tim emphasizes how his transformation from feeling securely heterosexual to questionably homosexual is not of his own choice. He explains that because of the unsupportive reaction of the military counselor he “wanted to have a sex change operation because of what he told me, I thought that if it was my fault maybe I would feel normal if I was a woman rather than a man (lines 83-85)...I thought if I was a woman I could have sex with men and feel normal in that aspect, and no I did not feel like a homesexual, I still do not feel

gay, I feel more at home with women than I do around any guy” (lines 88-91).

Tim’s description of his identity change is concluded with his emphatic statement, “I do not feel gay, I feel more at home with women than I do around any guy”.

Tim explains that he only entertained the idea of being attracted to men because of the counselor. In fact, his drive to feel “normal” (lines 85 and 89) was so high that he considered a sex change so that he “could have sex with men and feel normal in that aspect”. In describing his need to feel normal Tim constructs how his rape experience and subsequent unsupportive reactions made him feel so abnormal, highlighting an abrupt and uncontrollable turn of events that he was not responsible for. Immediately after these statements Tim again states that even though he accepts these gender and sexuality identity questions were the fault of the psychologist, he qualifies this saying that he “still thinks about getting a sex change about 2 or 3 times a day, it is through my current psychologist that I found out that it is somewhat normal” (lines 95-96). Once again, Tim illustrates his current need to have someone in his social support network confirm that his identity worries are normal.

Tim’s narrative externalizes his identity change and signifies his role as that of a powerless victim in what happened. This construction of an uncontrollable change in identity allows Tim to describe these concerns for his sexuality openly while minimizing his culpability. If Tim was not at fault for the change then he could not be blamed for having wanting to have a sex change operation.

Tim’s narrative also highlights how negative reactions from his friends, family, and mental health professionals were so detrimental that they led him to question his own identity and sexuality. It describes how his experiences led him to feel abnormal, which was echoed by his support networks. These unsupportive reactions had a profound impact on how Tim viewed himself. In describing these experiences, Tim also presents himself as a resilient individual. His descriptions of his wife as “stupid” (line 50) and emphatic statements that, “I do not feel gay, I feel more at home with women than I do around any guy”(lines

90-91) highlight that he is no longer as affected by these reactions, and that he is now able to view both himself and his identity on his own terms.

In another excerpt depicting identity change as a result of sexual victimization, Paul rejects the description of himself as a “survivor” when I use the term in reference to him in the following excerpt.

Extract 8: Paul

- 49 P so yeah, the experience was horrible to say the least
50 J you're certainly a survivor to say the least!
51 P Nah I'm just a regular guy who had a horrible fucking
52 thing happen to him. whose trying to be “normal” now-ha! ☺
53 J is there anything you wish your parents would do to help
54 you cope?
55 P I wish they would trust me more. I feel unable to just let
56 go and cry and be unhappy when i need to because they
57 take it as meaning i will try to kill myself again
58 J what kinds of things do you need to feel safe?
59 P i have to lock myself in my house
60 P i have to know where my girlfriend is and when she will
61 be homepl have to ring me on my mobile so i will open
62 the door to them
63 J is there anything else you wish your friends would do for
64 you?
65 P sometimes they forget im strong enough enough to make
66 it. Id like them to worry less
67 J :-) it's great that you have people around you worrying
68 P :-) i know
69 J did telling your girlfriend change your relationship in any
70 way?
71 P yes she is more aware of needing to be patient with me
72 P its made her feel like i need to watched though which i
73 hate
74 J sometimes too much support is too smothering?
75 P yes

As a term frequently used in feminist descriptions of having experienced sexual victimization it is notable that Paul rejected the description of “survivor” immediately. As an alternative Paul suggests to me that he is “just a regular guy who had a horrible fucking thing happen to him whose trying to be “normal” now – ha! ☺” (lines 51-52). This identity claim serves to construct Paul as a “normal” person. While Paul acknowledges the trauma of the abuse (“a horrible fucking thing”), he simultaneously constructs himself as being of strong enough

character that the abuse did not damage his identity of sense of self who is now “just a regular guy”. He additionally presents himself as having a sense of humor as he “laughs” at his statement that he is “trying to be ‘normal’ now”. The addition of the smiley face (☺) to Paul’s “ha!” suggests humor rather than negating that he is “normal”. Paul’s rejection of the label of survivor mirrors Lamb’s (1999) arguments that labels such as victim or survivor can limit a person’s concept of personal identity, as well as others’ perceptions of the person.

In the second section of his excerpt Paul describes a list of everyday actions to “make him feel safe”. In describing how “i have to lock myself in my house” (line 59), “i have to know where my girlfriend is and when she will be home” (line 60), and “ppl have to ring me on my mobile so i will open the door to them” (line 61), what should be routine events are problematic for Paul. Describing these activities as things he “has to do” or “has to know”, constructs these actions as being routine for him, while acknowledging that they are not typical for other people. Paul does not *sometimes* have to lock himself in the house; he *has* to lock himself in the house. These statements function to define Paul as being the type of person who would not normally choose to live a restricted existence as they are actions that he has to do, not actions that he chooses to do to make himself feel safe. However, despite these invasive actions Paul *has* to do, he makes the complaint that, “sometimes they forget im strong enough enough to make it. Id like them to worry less” (lines 65-66) immediately afterwards when asked if there is “anything else you wish your friends would do for you?” (line 63-64). Paul’s statement works to suggest that although he is telling a story about dealing with a more restricted and dependent existence in order to cope with abuse he is “strong enough to make it” (line 65).

In the final part of Paul’s extract he explains that telling his girlfriend about being abused changed his relationship. Although his girlfriend is “more aware of needing to be patient with me” (line 71) Paul makes the complaint that “its made her feel like i need to be watched though which i hate” (line 72-73). In rejecting his status as someone who needs to be watched, Paul is justifying his complaint

about too much support being smothering in a credible manner. Paul's successful complaint of "too much support" is dependent on his identity as someone who does not need this level of support; if he did not see himself as someone who is able to cope this complaint would not be received as believable by the interviewer. Making this complaint functions to construct Paul as a person who is not dependent, occasioning this description as a relevant feature of his narrative (Widdicombe & Wooffitt, 1995). Overall, how Paul constructs his narrative about coping has important implications for his story being understood and accepted as believable by the listener. Although Paul resists the notion of being a survivor in this narrative, he also recognizes that he is dependent on his girlfriend to function in many ways. He recognizes that his girlfriend's support (in terms of telling him where she is, when she will be home, and being patient with him) provides support and validation, although sometimes this is "too much" (line 74) and he resists the notion of being dependent, as he did with being constructed as a survivor.

In contrast to the previous excerpts, Paul provides an account of a supportive reaction from his girlfriend to his abuse experiences. While Paul appreciates her support, his narrative also highlights that the situation is not quite so simple. It is not simply a case that the presence of support is good, and a lack of support is bad. Paul explains that while he needs the support, sometimes it is too much and perhaps hinders his moving on. However, Paul's narrative of being somewhat smothered by his girlfriend also serves to construct him as resilient. Take, for instance, Paul's statement that, "I feel unable to just let go and cry and be unhappy when i need to because they take it as meaning i will try to kill myself again" (lines 55-57). Paul's statement suggests that while he had previously attempted suicide he is no longer suicidal and *won't* "try to kill myself again" (line 57). Paul presents himself as resilient and coping better with his victimization.

Similarly, the excerpt below shows Valerie also having issues with the label of survivor amidst negotiating larger issues of identity change as a result of her sexual victimization.

Extract 9: Valerie

74 J you'd been through a lot already; how did you react to
75 the experience with your mother's husband when you
76 were somewhat older?

77 V I was 13. My mother was gone with my sister. My mother
78 was trying to be a whole new person (for a little while)
79 and trying to make me and my sister like her so we would
80 go move back in with her. When I was 12 me and my little
81 sister got taken away from her -- finally! but she had
82 visitation rights. After he molested me, he left and I
83 screamed at the top of my lungs until I couldn't anymore.
84 I threw things, hit things, slammed doors, jumped up and
85 down as hard as I could on the hardwood floors and then
86 I filled the bath tub and scrubbed myself until I started to
87 actually bleed -- and that's when my mother came home
88 with my sister, where I just put my clothes on and told
89 her I wanted to go home and sat outside on
90 the front porch until my father came to pick us up.

91 J what is your relationship like with your father?

92 V We don't really have a relationship other than "Hi, how
93 are you? That's good. Well, I gotta go, bye." When I first
94 moved in with him we had a lot of problems. I turned into
95 a rebellious child, I didn't know what to do -- I didn't
96 know what it was like to be safe, I guess, and I really
97 resented him for not knowing what happened to me. That
98 faded when I realized no one could know until I told
99 them.

100 V We used to get into a lot of fights, we'd scream and yell at
101 each other, and I moved out of his house about six months
102 ago, and for the first time in six months he said he loved
103 me without me having to say it first.

104 J did you ever tell you father about what happened?

105 V No. Not to this day.

106 J why do you choose not to?

107 V There's still a little part of me that thinks it's my fault.
108 And I know my family -- If I told him (or my Grandmother
109 or Aunt who live right next door to him) they would want
110 to go track down my mother and bring her to court or
111 something and I don't want that, weirdly enough. I
112 haven't seen my mother in about 5 years and I don't want
113 to bring all of that up again. It sounds stupid, but I'm
114 finally beginning to be okay with all of the things that
115 have happened to me -- I'm actually successfully working
116 through being raped by my mother and I want to move
117 forward, not backward. I always said I'd tell them when
118 she dies or something.

119 J no it makes sense - in general, what did you need in terms
120 of support when you were raped by your mother?

121 V I felt like I needed a big brown paper bag that I could fit
122 my entire body into and never come out.

123 V I wanted to die. I hated myself. I hated her. I still hate her
124 -- in time, I hope to overcome that. I hated everyone and

125 everything. I still had no friends, I had no one to turn to,
 126 and all I wanted was to end my life. At 11, I was pretty
 127 morbid.
 128 J well its understandable that you would have been. what
 129 did you do to cope?
 130 V I began writing.
 131 J i think a lot of people find writing therapeutic
 132 V and art, but I've only painted once.
 133 J the creative process seems to be calming
 134 V I just filled a big piece of cardboard with the words "I am
 135 not a victim."
 136 J how do you feel about those labels? survivor, victim, etc?
 137 V Sometimes I hate them. I don't want to be a victim or a
 138 survivor. I just want to be someone who is working
 139 through being sexually abused. But at other times, it's
 140 empowering. I like to be known as a survivor sometimes.
 141 J yes i understand.

Like Paul, Valerie points out that the label of "survivor" actually hindered her ability to move on from the abuse as she explains that "Sometimes I hate them...I just want to be someone who is working through being sexually abused" (lines 137-139). This label caused her to lose her sense of who she was before the abuse and to pathologize her further. This occurrence has been noted in the literature where Lamb (1999) argues that labeling people as victims or survivors can pathologize and suggest that the person is dysfunctional in some way. Lamb (1999) suggests that labels rob people of agency and the capacity to adapt and grow beyond their sexual violence experience. However, Valerie mitigates this "hatred" of the terms victim or survivor by admitting that, "at other times, it's empowering. I like to be known as a survivor sometimes" (lines 139-141). For Paul and Valerie, rejecting the notion of "survivor" constructed life-enhancing identities for them. For Valerie, also accepting the label of survivor provides corroboration to her story that she was sexually abused and that she is a strong and capable individual who is "working through being sexually abused" (line 139).

The rest of Valerie's narrative provides much more information concerning how sexual victimization has resulted in unwelcome identity change for her. Valerie sets up the narrative by beginning with a description of her mother who "was trying to be a whole new person (for a little while)" (line 78), and a father with whom she "really [doesn't] have a relationship" (line 92). Valerie's initial

orientation works to characterize her as having been at risk at an early age, and therefore vulnerable throughout her childhood and adolescence. Valerie continues to construct herself as helpless throughout most of her damaging life experiences as she uses linguistic devices to describe herself as passive and submissive. Valerie's explanation that, "When I was 12 me and my little sister got taken away from her -- finally! but she had visitation rights. After he molested me, he left and I screamed" (lines 80-83), illustrating how she was powerless to get away from her abusing mother until she "got taken away from her". Even this positive change to her situation is negated by the fact that her mother "had visitation rights" and could therefore still have power and influence over Valerie.

Valerie utilizes additional linguistic devices to highlight the trauma of her experiences, describing her subsequent abuse by her mother's husband as so traumatic that I screamed at the top of my lungs until I couldn't anymore. I threw things, hit things, slammed doors, jumped up and down as hard as I could on the hardwood floors and then I filled the bath tub and scrubbed myself until I started to actually bleed" (lines 86-87). The emotional terms Valerie uses ("screamed", "threw", "hit", "slammed", "scrubbed") work to create dramatic images in the listener's mind, and construct Valerie as traumatized and helpless. However, despite Valerie's extensive abuse she mitigates her role as victim with her statement that when her mother and sister returned "I just put my clothes on and told her I wanted to go home and sat outside on the front porch until my father came to pick us up" (line 89-90). This statement serves to illustrate that despite this trauma, Valerie has inner strength in her identity to resist and demand to be away from her abuser, even at the young age of 13. Valerie's success at ending her mother's abuse on this occasion provided her the opportunity to develop a more positive view of herself that stood in opposition to her previous narrative of powerlessness and helplessness. This part of Valerie's narrative constructs her as a person of agency, working against her identity as a victim. Highlighting her act of rebellion also serves to emphasize Valerie's identity as a resilient individual, despite her lack of support from friends or family.

Valerie follows this narrative of abuse with descriptions of her problematic relationship with her father and wider family network. In describing problem after problem through her narrative, Valerie constructs a world in which she is helpless and thrown from one problematic situation to another. This vulnerability to revictimization may be due to Valerie's fragmented sense of self-worth, where an expectation of abuse becomes part of her self (Herman, 1997; Finkelhor, 1990). Valerie's narrative frames worry and trauma not only as something she has dealt with in the past, but as something that continues into her present with negative consequences. The story of her past becomes a rationale for her current behavior and identity.

By sharing this story, Valerie highlighted the contrast between herself as an innocent child and herself now as a young adult. In doing so, Valerie drew attention to the lifelong impact her abuse has had on her functioning. Simultaneously, Valerie has provided a resolute account explaining the construction of her current identity by placing it in contrast to who she was before her abuse. Although Valerie's narrative is harrowing there are glimmers of hope and determination that Valerie positions as not having been destroyed by incest. In doing so, Valerie constructs her positive traits as having been suppressed but not extinguished.

Aligning to these character traits, which were present before her abuse began, allows Valerie to portray herself as having a stable original self. In doing so, Valerie manages to construct herself as having a resilient identity, despite the strong negative overtones in her narrative. It is notable that the end of Valerie's narrative is peppered with descriptions in the past tense, where she explains that, "I *felt* like I needed a big brown paper bag (line 121), "I *wanted* to die. I *hated* myself" (line 123), "I *hated* everyone and everything" (lines 124-125). The consistent emphasis of her hatred for her life reveals how traumatic her life was, and, importantly, how Valerie resisted her life as it was and wanted something else. Although Valerie admits that, "I still hate [my mother]" (line 123), she mitigates this statement with the aspiration that, "in time, I hope to overcome

that” (line 124).

Ochs (1997) explains that it is very common for narratives to be motivated by a person’s current dissatisfaction with how they or someone else handled a situation. Valerie’s experiences of incest, where her abuse involved a person who should have been a trusted role model, is particularly disruptive to her sense of self and identity. Throughout her story, Valerie emphasizes the traumatic nature of her abuse, and highlights the continuous, damaging nature of what happened. Valerie’s coherent and poignant phrasing renders her narrative as more persuasive and therefore less likely to be questioned or distrusted by the listener (Mishler, 1986). Valerie’s betrayal by her mother is followed by descriptions of failure in her subsequent relationships with her father and having “no friends” (line 125), highlighting the impact of her abuse on her social networks and the lack of support she received. In describing her experiences, Valerie presents an emotionally-compelling narrative, which Riessman (1993) argues is the most persuasive of all narrative genres. Sewell and Williams (2001) report that survivors of sexual abuse often refer to social disruption in their relationships (as Valerie does here, stating, “I still had no friends” in line 125), which occurs when a survivor’s relationships are continuously invalidated.

In contrast to the beginning of Valerie’s narrative, the end emphasizes Valerie’s efforts to move past her “darker days” of abuse. Valerie constructs herself as taking agency over her life and identity, stating that, “I’m finally beginning to be okay with all of the things that have happened to me -- I’m actually successfully working through being raped by my mother and I want to move forward, not backward (lines 114-117). This part of the narrative shows that Valerie is working to distance herself from abusive people in her past in order to move beyond her abuse and beyond an identity as either victim or survivor. This recounting of negative experiences, combined with an evaluative judgment (McIntoch & McKeganey, 2000), can be characterized as a “re-interpretation narrative” as Valerie reinterprets her relationships with unsupportive family and friends, as she constructs herself as moving beyond her states as a survivor

of incest. This re-interpretation narrative represents Valerie's ability to reflect on her abuse and to construct her as having moved on from being a victim.

Similarly to Paul and Valerie, Abby also resists the notion of herself as a survivor without explicitly mentioning the label in her narrative. Abby's excerpt provides a narrative of resilience and positive adaptation to her experience of sexual victimization, although in a dissimilar narrative style to that of Paul and Valerie. However, by contrast, Abby provides a narrative, which constructs her identity as not having been affected by her abuse in the following excerpt.

Extract 10: Abby

- 54 J did you ever tell your parents?
55 A That's a complicated answer... I told my mother about
56 the abuse that was occurring before the assault. She was
57 unwilling to do anything to help me, she told me I should
58 deal with this myself because it's something every
59 woman has to go through. And then, later on, I tried to
60 tell her about the assault, but she just wouldn't hear me –
61 she said "don't tell me you got yourself ruined." Even
62 then I knew, somewhere inside me, that was wrong
63 J do you think you would have had an easier time coping if
64 you had more support from your mother?
65 A Yes, I think so. If she had been receptive when I told her
66 about the abuse, it might never have escalated the way it
67 did. And even if it had, I might have believed that it
68 wasn't my fault for failing to "deal" with it, the way she
69 said I should. But, somewhere, in my mind, I knew she
70 was wrong.
71 J did her reaction to the assault change your relationship
72 with your mother?
73 A She doesn't know it, but yes. I feel alienated from her.
74 When I think back to her reaction, it makes me angry, and
75 even though I love her very much, I resent her for not
76 trying to help or even to understand.
77 A I think part of me didn't want to tell my mum especially
78 because I thought she'd be mortified and perhaps blame
79 herself
80 A I think another reason for not telling them, a rather
81 selfish one, was I didn't want mum to become even more
82 protective of me. I didn't want her to look at me
83 differently either
84 A I mean, they aren't hugely overprotective but mum does
85 ring at least once every few days and all but demands to
86 know everything that's going on with me
87 J yeah i have a mother like that too :) since telling your
88 parents have you told anyone else?
89 A I told a therapy group for over-eaters I went to

90 J how did you feel about telling the group?
 91 A quite ok actually
 92 A by that point I was quite comfortable with telling people
 93 J do you find talking/telling can be therapeutic in its own
 94 way?
 95 A sometimes. I'm still reluctant to tell people sometimes
 96 because I don't want to see their faces or the way they
 97 treat me change
 98 A I worry they'll either be disgusted by me or feel sorry for
 99 me. I'm not sure what I expect them to feel if not either of
 100 those but I just don't like people feeling sorry for me
 101 more than anything
 102 A I think I'd rather they were disgusted
 103 J nowadays what's most important to you in dealing with
 104 the assault?
 105 A um, I don't really know. I can't think of anything really.
 106 I've more or less gotten to the point where I don't think
 107 about it any more. I've accepted it was a horrible part of
 108 my life but I don't see why I should keep mourning over
 109 it. I can't change what happened. the most important
 110 thing now is to get my life together.

While Valerie's account is highly emotive, Abby provides a concise narrative describing what happened when she disclosed her abuse. While Abby's narrative is not constructed in the emotional way of Valerie's, in line 61 Abby uses reported speech to illustrate the harshness of her mother's response to her abuse. In contrast to the rest of her narrative, this blaming response by her mother almost jumps out at the reader (remember, this conversation was typed online). By recreating the words that were actually said to her, Abby adds believability to her account and constructs the statement as an extreme response on the part of her mother. In effect, this works to portray Abby as behaving in a routine and normal manner in wanting to tell her mother and receive some support, while her mother is seen as behaving irrationally. In effect, we see a dichotomy between Abby's normal action and her mother's unusual and damaging response. Creating this dichotomy encourages the listener to examine both sides of the story and to conclude that Abby's mother's response was unwarranted (Widdicombe & Wooffitt, 1995). Abby further provides her mother's rationale behind expressing the worry that her daughter "got ruined", constructing her mother's extreme reaction as being based on her mother's belief that abuse is "something every woman has to go through" (lines 58-59). In this example, Abby's mother is "seen as motivated not by reason, but

by less worthy factors, such as blind prejudice” (Widdicombe & Woofitt, 1995, p.124), which works to construct Abby’s actions and opinions as believable and normal in contrast to the extreme response of her mother.

Despite this response from her mother, Abby goes on to explain that her initial reason she “didn’t want to tell my mum especially because I thought she’d be mortified and perhaps blame herself” (line 77-79), illustrating the complexity involved with social relationships. Abby was initially motivated not to disclose her abuse in order to protect her mother; in reality, her mother was the one who didn’t try “to help or even to understand” (line 76) what happened. Abby even characterizes her reasons for not disclosing as “selfish” (line 81) because she “didn’t want mum to become even more protective of me” (line 81-82).

However, the subsequent reason for not disclosing is made apparent in Abby’s next statement: “I didn’t want her to look at me differently either” (lines 82-83). This sentiment is repeated later in Abby’s narrative, in lines 95-97, where she states that, “I’m still reluctant to tell people sometimes because I don’t want to see their faces or the way they treat me change”. In contrast to the other survivors interviewed, Abby resists the sympathy for which many of the survivors were striving. This emphasis on not wanting others to look at her differently constructs Abby as being strong and resilient and having a consistent identity that was *not* altered as a result of her abuse. Abby even goes as far as to say that she does not want to disclose her abuse because she worries – not that people will not believe or, or that they will blame her – but, because “they’ll either be disgusted by me or feel sorry for me...I just don’t like people feeling sorry for me more than anything...I think I’d rather they were disgusted” (lines 98-102). These statements are in direct contrast to the previous survivors, and may reflect Abby’s further progress in terms of coping and dealing with her assault. This is also supported by her subsequent comments on having moved on from thinking about her abuse, discussed subsequently.

Abby’s sentiments here also depict her as being highly aware that her experiences are different from what other people have experienced. Sewell and

Williams (2001) explain that this social disruption to interpersonal relationships is common with survivors of sexual abuse because they feel their victimization experiences are different from what others have experienced. It is not surprising that, after sexual victimization, a person may struggle with their social relationships and supports because they feel “different” and believe that their friends, family, etc. will not understand. Leitner, Faidley and Celentana (2000) describe this phenomenon as an arrest of the meaning-making system, which causes survivors to struggle to make sense of the event and engage in interpersonal relationships after being traumatized. In this situation, Abby felt unable to utilize her previous support systems.

As with the previous survivors in this section, Abby broaches the issue of being labeled as a survivor (albeit, not explicitly as with the previous survivors’ excerpts). When asked what is important in dealing with her assault currently Abby responds that she “can’t think of anything really (line 105). She explains that, “I’ve more or less gotten to the point where I don’t think about it any more. I’ve accepted it was a horrible part of my life but I don’t see why I should keep mourning over it. I can’t change what happened. the most important thing now is to get my life together” (lines 106-110). Similarly to Paul, Abby resists the identity of a survivor, and explains that she is past needing to “think” about the abuse and “keep mourning it”. Abby once again supports Lamb’s (1999) argument that labels such as “victim” or “survivor” can limit a person’s concept of personal identity, as well as robbing them of the agency to move beyond the victimization. Abby similarly feels that she does not see why she should need to focus on the abuse.

Abby consistently portrayed herself as resilient throughout her interview, referring to her “inner strength” twice in the brief excerpt, clearly constructing the ability for her positive adjustment to have been “inside me” (line 62) and “in my mind” (line 69) from the beginning, constructing her resilience as stable and continuously present, even during the worst of her experiences. This narrative is concise and leaves very little room for the listener to disagree with her version of events. This construction of meaning for Abby downplays any sense of blame

or shame assigned to her by mother, which is common in many narratives of sexual victimization. Although Valerie, Paul, and Abby's narratives are completely different in tone, all survivors, on some level, used narrative devices to illustrate their consistency in identity and portray themselves as stable and believable individuals.

Like Paul, Valerie, and Abby, Julia provides a description of abrupt identity change that includes the use of labels to emphasize the change. While Paul and Valerie discuss the "traditional" label of victim and/or survivor, Julia describes herself as becoming "crazy" and "schizophrenic" after she was raped on a date.

Extract 11: Julia

- 131 J how did you cope with the flashbacks when they started?
132 Ju I didn't know how to cope with them. I was about 19
133 when they started, and at the time I was beginning to get
134 very close to my boyfriend. I was very secretive of
135 everything. I would sit and cry and actually go into
136 temper tantrums. A few months later I told him.
137 J what was it about your boyfriend that made you finally
138 tell someone?
139 Ju He is the first person I could ever trust. He would hold me
140 when I had my flashbacks and wouldn't ask questions, he
141 would know that I just wanted someone to hold me and
142 tell me I was okay. It's still like that -- when I get
143 flashbacks, he'll hold me and I'll make him assure me he'll
144 never send me to a mental institution or anything
145 because I often feel like I am going crazy and
146 schizophrenic.
147 J he sounds very supportive. you mentioned that you also
148 told friends a year later - can you tell me about that?
149 Ju I told my best friend, who is very supportive of my
150 "healing process" I guess you can call it. She has been
151 there for me, no matter what I needed. Sometimes I just
152 want to sit and talk about it and she'll actually listen -
153 not just put her own input into everything.
154 J that's a good friend! what kind of support is most
155 important to you now in coping?
156 Ju Someone who will just sit and listen.
157 Ju I need to get everything out and when someone -- my
158 boyfriend or my friend -- can just sit and listen, it's so
159 wonderful.

By applying the label of an actual mental disorder, Julia constructs herself as abnormal and different from the majority of people. This construction of being like someone with a mental illness or "crazy" (line 145) allows Julia to

communicate the emotional upheaval that resulted from her victimization. Julia clearly emphasizes how different and isolated she felt from people as she worried that she was going to be sent “to a mental institution” (line 144). This categorization of schizophrenic also allowed Julia to mitigate responsibility for her actions after being abused. Calling herself schizophrenic serves to construct Julia as not being of sound mind and judgment, and therefore not directly responsible for her actions where she was “very secretive of everything” (line 134-135) and “would sit and cry and actually go into temper tantrums” (lines 135-136). Julia simultaneously described how noticeably different her behavior was from normal people, while also accounting for why it “wasn’t her fault” that she was engaging in these behaviors. Julia’s description of her identity as “schizophrenic” and “crazy” constructs her experiences as traumatic enough to affect her behavior and identity.

Additionally, Julia’s comment that she “didn’t know how to cope with [the flashbacks]” (line 132) serve to convince the reader, in emotional terms, that Julia was emotionally traumatized by the experience. The inclusion of this statement about her flashbacks starting and her emotional response to them also ensures that the reader accepts Julia’s resulting evaluation that she was “crazy and schizophrenic” (line 145-146) as a relatively reasonable response to something that was out of her control, and a direct result of her sexual victimization. Once again, this change in her identity was not her fault, and was temporary. Julia follows this narrative by providing an account of how her boyfriend is “the first person I could ever trust” (line 139) and her friend “has been there for me, no matter what I needed” (line 150-151), suggesting that the “wonderful” (line 159) social support she receives from them mitigate the “craziness” associated with the flashbacks of her rape.

Julia’s emphasis about her “wonderful” (line 159) support from her boyfriend and friend highlight the importance of social relationships and marked a turning point in her coping with her victimization. She notably states that her boyfriend “is the first person I could ever trust” (line 139), and is the first person to whom she disclosed her abuse. Disclosing to her boyfriend marked the beginning of a

change in the way Julia constructed her experiences. Harvey, Mishler, Koenen and Harney (2000) report that, while these turning points in recovery may be intimidating, they are important links to recovery. Additionally, these changes always occur within the context of a relationship, once again highlighting the absolute importance of social support in coping with sexual victimization.

Again, we have seen here how the survivors' heterogeneous experiences have led to different attempts to cope and different experiences in life. What is again consistent across the stories is how the survivors presented their trauma and experiences by providing narratives describing their efforts to cope in order to construct positive identities for themselves. While some narratives are stronger and more convincing than others, the construction of the aftermath of their abuse allowed the survivors to construct and prove their resilient identities, suggesting that the survivors are not portrayed as permanent victims in their stories. Some narratives (e.g., Abby) highlighted positive adaptation by drawing attention to how they successfully coped with their victimization, while other narratives (e.g., Valerie) highlighted their continuous attempts to get to that point. It is notable, however, that Valerie provides a narrative that describes the most emotive impact on her identity of all of the survivors discussed here. It is possible that this is due to the likelihood that sexual abuse may be more damaging to a developing, childhood sense of self than an integrated, adult self (Fleming *et al.*, 1999). Valerie's experiences of CSA, where her abuse involved a trusted role model over years, are particularly disruptive to her sense of self.

By associating the times where they were not believed or blamed for their sexual victimization with the resulting changes in their identities, the survivors in this study emphasized the importance of their social networks in constructing positive identities for themselves. These supportive relationships helped to mitigate the damage of the original abuse and subsequent unsupportive reactions, and helped the survivors to be resilient and work to find or maintain their original concepts of identity.

As with issues of blame, the survivors in this study did not simply accept the

sequelae of sexual victimization. The survivors actively account for their changes in identity and construct explanations and meaning around who they were, who they are, and who they think they will be in the future. Ochs (1997) explains that our human nature leads us to conceptualize the present in terms of the past and future; the past in terms of the present and future; and the future in terms of the past and present. In bringing the past into present consciousness for the respondents, narrative accounts help them manage their uncertain futures (Ochs, 1997). For these respondents, their narratives about the past are also always about their present and future (Ochs, 1997).

For these survivors, identity construction is part of the process of narrating an experience of sexual victimization. Identities are constructed alongside explaining the social interaction of disclosing abuse and dealing with issues of blame. As a result, a lack of social support effects feelings of blame and constructions of identity for these survivors. Validation of disclosures of sexual victimization helped the survivors to examine their identities and lives in a supportive and enhancing manner, while negation served to hinder the coping process and cause the survivors to question the very core of how they viewed themselves. These narratives highlight the very powerful impact of relationships on a survivor's coping and sense of self. By providing narratives of how their sexual victimization resulted in identity changes the survivors emphasized both the impact of damaging relationships, supportive relationships and the positive adaptation that results.

4.1.3 Constructions of online social support

The purpose of this study is to examine the survivors' narratives of their social experiences in coping with sexual victimization. This has been described above in terms of the survivors' constructions of others and relationships, as well as their constructions of identity. As members of an online support group, the survivors obviously also described their online social supports (although this was not the primary focus of the interviews). The primary focus of study one was to examine *why* survivors might turn to the Internet for social support. Nevertheless, the survivors did discuss their online supports during the interview, as it represented an important social support in their coping. Therefore, constructions of online social support are discussed separately to constructions of "traditional" social supports in order to inform as to why people turned to the Internet in attempting to cope with sexual victimization. Overall, the purpose of this study is to describe survivors' experiences of social support in order to understand why they might turn to the Internet for support. This study aims to describe one aspect of the process of receiving social support online.

In contrast to describing people's doubtful and unsupportive reactions in the previous sections, the narratives in this section show the respondents discussing the positive support and coping benefits of using the rape support website. By making relevant their group membership of the site, the survivors construct the importance of the site in their coping.

Of all the survivors, Mark conversed the longest, and in most detail, about seeking social support online. Mark's narrative will be analyzed subsequently, followed by brief excerpts from the other survivors concerning their comments about their online relationships.

Extract 12: Mark

49 J yes that's understandable. you mentioned
50 getting online support from friends
51 starting around 2002 - were these online friends the first
52 people you had told about the abuse?

53 M yes
 54 J what made you decide to "talk" about
 55 it at that time?
 56 M I've still not told anyone from my
 57 "real life". I don't see how that would help anyone
 58 at this late date
 59 M I'd buried everything for years. I
 60 started having intrusive dreams
 61 M so when I saw a chat online I gave it
 62 a try
 63 J was there a reason you sought help
 64 online in particular?
 65 M the anonymity
 (lines omitted)
 72 M it was an AOL chat/ While I've met a
 73 few wonderful people I'd have to say that AOL can
 74 be a very toxic environment
 75 J how so?
 76 M I'm new to Survivors Online and am very
 77 much enjoying it as an alternative
 78 M well... it's not moderated at all
 79 J how have people been been negative
 80 towards you online in particular?
 81 M alot of silly quarels between
 82 survivors, and of course ppl who would prey, if for
 83 nothing else than just the fun of tormenting another
 84 person. Rather cowardly but still..
 85 M I think this oft asked ?, of me in chat,
 86 may sum it up..
 87 M "why would a guy be in a chat like
 88 this?"
 89 J ah the rape myth of rape doesn't
 90 happen to men
 91 M it's so much harder to say these
 92 things face to face
 93 J yes it definitely can be!
 94 M I'm still working on real comfort with
 95 disclosing even with the annonymity of the online
 96 word.
 97 J right. what about the online support
 98 you've gotten has been supportive?
 99 M from Survivors Online yes. very supportive if
 100 only in the aknowledgement of the issues
 101 J is that important to you? the
 102 acknowledgement?
 103 M I guess I felt so alone with it for so
 104 long that yes... I'm appreciating a little validation
 105 J yes, i think it's deserved after that
 106 time :-) besides the response, has the telling/talking
 107 about it itself been helpful?
 108 M a survivor friend from online recently
 109 said "seems like you're wanting to talk", my reply
 110 was not eally but it's nice to know that I can if I feel
 111 the need"

112 M yes, it's helped sort things out a little
 113 J in your own mind?
 114 M yes. facing it has been difficult but
 115 when I have dreams I'm often able to cope a little
 116 better
 117 J what would you like in terms of
 118 support in dealing with the abuse now (in an ideal
 119 world)?
 120 M well... I'm probably experiencing the
 121 over-infatuation one might have of a new crush
 122 with Survivors Online, lol. I dunno, I'm just really
 123 appreciating it right now so I guess I'd have to say
 124 more of that
 125 J no, it's understandable...Survivors Online has a
 126 lot of fans (and rightly so!). besides the validation is there
 127 anything in particular you "get" from Survivors Online?
 128 M you know... for those of us "resistent
 129 to therapy" types... I think that havinf this kind of
 130 interchange, the annonimity when first talking,
 131 might allow mant to feel comfort enought to then
 132 follow-up with the person in traditional therapy,
 133 face to face.

In the excerpt above, Mark describes how his first experience of seeking support online was problematic, but his experience with the support site for survivors of sexual violence has fostered feelings of validation and positive adaptation. In order to construct meaning around a life experience, a person must attend to what happened. Narratively speaking, for this to occur, Mark had to notice and attend to the experiences that supported validating constructions of his identity and experiences (White & Epston, 1990). Mark, a person who has "still not told anyone from my 'real life'" (lines 56-57), immediately attends to the supportive responses he received online. Although Mark does highlight his negative experiences with AOL chat (line 72), calling it "a very toxic environment" (line 74), his persistence to find other "wonderful people" (line 73) is notable. Mark explains that while being asked, "why would a guy be in a chat like this?" (lines 87-88) is difficult, this is balanced by the benefits of "the anonymity" (lines 65, 95, 130) and the "wonderful people" (line 73) he has met online. Mark also highlights the additional benefit of the online support group versus other online support options – the fact that the group is moderated against "ppl who would prey, if for nothing else than just the fun of tormenting another person" (lines 82-84).

In this narrative, Mark highlights incidences that support his claim that he is a person worthy of being accepted and validated, and should not be disbelieved, preyed upon, and asked, “why would a guy be in a chat like this?” (line 87). Mark constructs himself as a person of agency and strength in his narrative as he demonstrates his agency in context. Mark’s comment that, “I’m new to Survivors Online and am very much enjoying it as an alternative” (lines 76-77) suggests that he continued to try and search for validation and support online, despite some knockbacks in the beginning.

Mark emphasizes that even though he was unable to ever disclose his abuse in “real life”, he recognized that he could find support and validation through other important relationships online. By treating their members with care and respect, the online support group members helped Mark develop an alternative perspective about social support based on acceptance and kindness, rather than secondary victimization and subsequent pain.

These notions of agency and worthiness in Mark’s narrative stand in direct opposition to the feelings of doubt and invalidation that were a result of Mark’s abuse experiences. Mark’s narrative highlights the joint construction of new systems of meaning that can occur within the context of supportive relationships. Mark’s relationship with his “survivor friend from online” (line 108) is important because it fostered the development of a new meaning system for Mark where he understood that, even though he still was not able to talk about his experiences completely, it was “nice to know that I can if I feel the need” (lines 110-111).

In his narrative, Mark highlights the importance of the validation that he receives online. Mark states that he found the online support site “very supportive if only in the acknowledgement of the issues” (lines 99-100). He explains that, “I guess I felt so alone with it for so long that yes... I’m appreciating a little validation” (lines 103-104). As Mark has “still not told anyone from my ‘real life’” (lines 56-57), being accepted and believed by others stood in direct contrast to never

having before received support. Mark imputes life-enhancing meaning to this validation, even joking that, "I'm probably experiencing the over-infatuation one might have of a new crush with Survivors Online, lol" (lines 120-122). This statement shows that Mark is aware of how much he is relying and "appreciating" (line 123) that acceptance.

By describing these supportive online relationships, Mark also provides corroboration for his resilient, worthy identity. By providing evidence that there are people who believe and support him, Mark's narrative functions to reinforce his identity that he is a worthwhile and trustworthy person.

Like Mark, Cathy also provides a narrative which discusses both the pros and cons of seeking social support online.

Extract 13: Cathy

244 C I also sought on-line support in high school
245 C but had a very bad experience with that
246 J what happened with that?
247 C I got kicked out of a chat room because they didn't
248 believe that I was an abused young person
249 J thats awful
250 C I was chatting under my dad's screenname so they
251 thought that I was a male impostor...plus in my dad's
252 profile it shows that he is a social worker
253 C it was
254 J oh i see
255 C when I explained to them they believed me, but then they
256 said that I wrote too maturely for a 17 year old
257 C and that I was a liar- not really abused
258 C I felt like dying out of shame
259 J wow that is very harsh and risky of them! what was it
260 about online support that was important to you to look
261 for then
262 C I was in so much pain
263 C I had hoped to find help anonymously - not having to
264 identify myself in person as a survivor of abuse
265 C I was looking for support, and instead was betrayed
266 C and rejected
267 J well i'm glad you eventually found Survivors Online
268 C thank you...I am glad too
269 J do you use/visit the site a lot?
270 C yes, I chat with people on Survivors Online at least 2 or 3
271 times a week and I post a lot of survivor poetry on the

272 message boards there.
 273 J support-wise is it important for you?
 274 C yes, especially at night when I am lonely and need to chat
 275 with other survivors who understand

The topic of sexual violence often goes unacknowledged, in cultures all over the world, leaving survivors feeling invalidated, unheard, and invisible (Koss *et al.*, 1994). As with Mark, Cathy sought out support from a group of survivors and was rejected. However, Cathy's response is more emotional than Mark's, where she narrates feeling the denial of her experiences even more because she expected support. Cathy states, "I was looking for support, and instead was betrayed and rejected" (line 265-266). Even though Cathy states that they eventually "believed me" (line 255) when she explained that, "I was chatting under my dad's screenname so they thought that I was a male imposter" (lines 250-251) she still expresses the experience in very emotional terms, saying that "they said I wrote too maturely too maturely for a 17 year old and that I was a liar- not really abused...I felt like dying out of shame" (lines 256-258).

Although Cathy and Mark both experienced negative reactions online, and both demonstrated agency in continuing to search online for support, their narratives are very different in tone and content. While Mark's narrative was very positive and spoke only briefly on his negative experiences (while highlighting the benefits of the support site), Cathy's narrative is negative in tone and speaks at length about the negative experiences with another online chat (while highlighting the benefits of the support site briefly).

Even though Cathy details the negative online experience at length, she does so in the past tense, suggesting that she has recognized that this experience is behind her. In contrast, Cathy provides a positive description of the online support site as important "especially at night when I am lonely and need to chat with other survivors who understand" (lines 274-275). Although this description is brief, the meaning assigned to these important relationships with "other survivors who understand" facilitates the refuting of the "pain" (line 262) that arose from her previous negative experiences online. By narrating this past

negative social experience Cathy highlights the significant impact of this negative reaction, and her need for supportive reactions. This also emphasizes Cathy's agency in continuing to seek out this support, finally finding it with the survivors on the social support site. Cathy explains that she chats "with people on Survivors Online at least 2 or 3 times a week" (line 270-271), illustrating the import of the site for her. Additionally, Cathy's brief statement that "I post a lot of survivor poetry on the message boards there" (lines 271-272) illustrates her comfort and confidence with the site, which is in direct contrast to her earlier description where she "felt like dying out of shame" (line 258). This description of comfort and agency in working to cope by writing survivor poetry works to create and sustain an identity of worthiness and resilience for Cathy. In writing "survivor poetry", Cathy is claiming the identity of survivor for herself, depicting herself as having moved on from the person who was revictimized online.

In the following two narrative excerpts, Abby and Tim both discuss the effects of not being believed on their ability to cope with their assaults. In doing so, they both describe how the online support group was instrumental in their coping.

Extract 14: Abby

- 79 J were you worried about people's reactions?
 80 A Yes, in a way. For a long time, I didn't think about it.
 81 Then it was utterly humiliating -- I thought people would
 82 think I was lying, or that I was to blame somehow, or that
 83 I had caused it. Later on, after I sought out other
 84 survivors and started to understand where the guilt
 85 actually lies, those fears dissolved. Now I don't worry
 86 about it at all!
 87 J That's great to hear!

Extract 15: Tim

- 121 J what do you think is most important in helping you cope
 122 with the assault?
 123 T negative reactions made it harder to talk and also
 124 reinforced my own doubts about what happened
 125 T validation
 126 J validation of your feelings?
 127 T that too but validation of what happened - I had a lot of
 128 doubt about it and I couldn't move on until I had started
 129 to deal with that
 130 T most of that validation has come from on line actually
 131 J besides online, are you helped in this?
 132 T not now - to a point I was by those 2 friends I mentioned
 133 but ppl get bored of dealing with it eventually

(lines omitted)

165 J in what ways has it Survivors Online been key for you?
166 T again validation - being able to talk through in detail
167 about what happened and to express all my doubts and
168 T fears honestly having people believe that it was rape
169 basically

In response to being asked if she did tell people about her assault because she was worried about people's reactions, Abby describes her experiences as utterly humiliating in line 81, thereby using an extreme case formulation. The use of the word "utterly" functions to add impact to how humiliating Abby's experiences were. However, Abby downplays the impact of this response as it affects her current life by explaining how "later on" (line 83), after she found other survivors (i.e. people who believed her), her fears dissolved. Abby completes her account with an optimistic, "Now I don't worry about it at all!" which functions to reduce the impact and significance of the "utterly humiliating" events mentioned previously. By placing this upbeat conclusion at the end of her account, Abby portrays herself as a capable and contented person who now does not have to worry about people who did not believe her.

Tim similarly provides an account of the effects of not being believed on his ability to cope with the assault. He attends to the issue of validation and emphasizes the importance of this concept with a one-word response in line 125. Later on in the interview - in line 166 - Tim returns to the issue of validation when asked about what ways the Internet support site had been key to his coping. After again attending to the concept of validation in line 166 Tim provides an explanation of what he means by validation, stating that, "having people believe that it was rape basically" (lines 168-169) is important to him. Providing this explanation again emphasizes the importance of being believed to Tim, and ensures that the interviewer really understands the significance of having his experiences validated. Tim directly attends to the fact that he is really only supported and believed online in line 130 where Tim states, "most of that validation has come from on line actually".

The following brief narrative excerpts summarize the remaining survivors' comments regarding the support website.

Extract 16: Diana

115 J well, I'm amazed at your skills as a survivor! You really
116 have a lot you can teach people...I'm almost done ;-) I
117 just wanted to finally ask about why you find the site so
118 helpful.
119 D Thanks. :) And that's easy - There is just this genuine
120 love and support that each member has for the others.
121 We really are a large, diverse family. We laugh together,
122 cry together, share together, and heal together. We
123 understand each other. We give advice when it's
124 needed, listen when it's needed, and allow each other
125 our silence and space when we need it. And we're
126 always there to boost each other's spirits and remind
127 each other of their value.

Extract 17: Julia

142 J it has been pretty important....I know I'm fully being
143 listened to and supported there because everyone has
144 been affected by sexual abuse and I know I'm not
145 alone...they have welcomed me tremendously

Extract 18: Tim

169 T a place to talk to people that understand...it has put
170 my(i am a secondary also) and my sister into contact
171 with secondary survivors

Extract 19: Mark

152 M I have formed friendships with many of the members
153 and I talk to them on yahoo and in chat a lot.
154 M It ranks right up there with my girlfriend. I don't
155 know where I would be without it.

Extract 20: Valerie

143 V I think it's being able to feel normal, essentially
144 V having people understand all the dark things in your
145 head, and not be horrified is a real bonus

Extract 21: Cathy

168 C having people believe that it was rape basically
169 C also the day to day stuff - knowing that there is at
170 least one place where people won't get bored with it
171 and do understand

Extract 22: Abby

106 Ab very important. It's helped me out a lot knowing that
107 I'm not alone and allowing me the chance to support
108 others
109 Ab its helped me feel like i deserve to be here.
110 Ab and its connected me with ppl that understand

Extract 23: Andrew

154 An It's been good, because before I hadn't been in
155 contact with many people that had gone through the
156 same thing as me. And when I do have something to
157 post or ask about, I know that I can ask anything and
158 most likely there's someone else there that has an
159 answer

The extracts above show these survivors describing feelings of support as being the most important feature of the website. For instance, Diana states, “We really are a large, diverse family (line 121); Julia says, “I know I'm not alone...they have welcomed me tremendously” (line 144-145); Mark mentions, “I have formed friendships with many of the members” (line 152); Valerie draws attention to how, “having people understand all the dark things in your head” is important (lines 144-145); while Cathy responds that what is important to her is, “knowing that there is at least one place where people won't get bored with it and do understand” (line 169-171). Similarly, the website has “helped me out a lot knowing that I'm not alone” (Abby, line 106); “its helped me feel like i deserve to be here” (Abby, line 109); and “I know that I can ask anything” (Andrew, line 157). In all of these statements, the respondents are referring to the support the website affords as being its most important aspect.

In describing how the rape support website provides support to those involved, the participants identify their membership of this online group of survivors as being an important part of their coping narrative. For instance, in response to the question, “why [do] you find the site so helpful”? (line 117) Diana states that, “We really are a large, diverse family. We laugh together, cry together, share together, and heal together. We understand each other” (lines 121-123). Diana’s entire response here is phrased in terms of “we”, which presents Diana as being a member of this group, and as part of this “*family*” (line 121). Families are stereotypically supportive, close, and understanding, and it is these aspects of membership that are being drawn on here.

The way in which Diana constructs herself as a group member, and how she

positions herself and others in this category, enables her to achieve particular narrative actions. In other words, stating, “We really are a large, diverse family” (line 121) positions Diana in the same category as the other group members, and therefore allows Diana to convincingly construct herself as a fellow website member. Other respondents statements, such as, “it has been pretty important” (line 142)...“I know I’m not alone” (Julia, line 106) and “It’s been good, because before I hadn’t been in contact with many people that had gone through the same thing as me (Andrew, lines 154-156) and it’s “a place to talk to people that understand” (Tim, line 169) also affirm that these survivors gain support from being a member of the website.

Sacks’ (1992) work on category-bound actions explains that, because actions are associated with a specific kind of category (in this case survivor group member), describing an activity can invoke possible categories to which a person can belong. Therefore, statements such as, it is “a place to talk to people that understand” (line 169), embody Tim as needing to talk to people who understand, having gone through sexual victimization themselves. This activity invokes the category of being a member of a group of sexual assault survivors, to which Tim belongs by virtue of his past experiences.

Similarly, Edwards (1998) explains how terms used to describe groups of people, such as “survivor”, effectively draw boundaries around who is a legitimate member of that category and who is not. He explains that,

virtually any categorization can function as a way of locating someone as a member of some group or another, and that group membership can be invoked and deployed for local, ‘personal’ business; that is the kind of thing people do, and attend to, and counter, in their talk (Edwards, 1999, p.32).

For instance, Andrew’s statement that, “It’s been good, because before I hadn’t been in contact with many people that had gone through the same thing as me” (lines 154-156), draws boundaries around who is a legitimate member of the rape support website (i.e. people who have “gone through the same thing as me”). The point here is that the establishment of membership is achieved for these survivors by allying themselves with other group

members and describing how they use the site for support. The narrative excerpts above show these survivors constructing themselves as group members *as part of* the process of storytelling about what support was important in their coping with rape. Here, group membership is achieved through affiliation with the rape support website.

The survivors used narratives to highlight that their supportive online relationships provided the essential context for the co-construction of life-enhancing understandings of their identities and their coping. The narratives provided here are more than mere descriptions of the online support site; by emphasizing the enhancing social support they received from their online relationships, the survivors provided authoritative sources for the listener that corroborated their positive identity claims.

As the survivors described their online supportive relationships, emphasizing the essential role of social support, they constructed themselves as worthy, believable, and capable. Providing specific examples of how the online support site has helped them to cope with their sexual victimization allowed the survivors to highlight their identities based on their personal agency and positive adaptation in dealing with their victimization – thanks to the help of good social support.

In contrast to the first section, where survivors discuss their difficulties with not being believed by others, all of the survivors described the support website as a place where they were believed and their narratives of events were accepted, whereas friends and family are depicted as providing a lack of support. As the primary focus of study one was to examine *why* survivors might turn to the Internet for social support, this clearly suggests that the negative and/or lack of social support from the survivor's friends and family exists in direct contrast to the unconditional support received online.

The survivors described the online group as enhancing their positive adaptation and resilience, as something that provided valuable opportunities for validation

and supportive relationships, and which comprised an important support in coping with sexual victimization. The online support group facilitated the evolution of a different, validating self-narrative for the survivors in this study. Unconditional acceptance and support, regardless of their experiences, showed the survivors that they are valid, accepted people. These relationships with supportive group members granted the survivors new and life-enhancing ways of understanding their identities, their relationships, and their victimization. By attending to these respectful and validating interactions with group members, the survivors were able to construct themselves as believed and accepted individuals.

4.1.4 Summary

The survivors in this study narrated the dramatic impact of sexual violence in their lives, but clearly worked to construct themselves as not being defined solely by their abuse. Generally speaking, the survivors emphasized and described their sexual victimization and illustrated the life-altering impact of social support after the abuse on both their lives and their identities. In doing so, they also worked to highlight the positive aspects of their characters that were either facilitated or hindered by the support they received from others, minimize responsibility for what occurred, and emphasize personal agency in coping.

Through narration, the survivors gave these positive constructions of self and support precedence over abuse-dominated descriptions. In particular, narrative analysis allowed for the survivors' interviews to be considered as full and complete stories from which overall themes can be identified in the context of the whole account. Additionally, narrative analysis allows for the consideration of these stories as interpretative devices through which the survivors represent themselves and their experiences of sexual victimization. Accepting that the social world is storied (Riessman, 1993) signifies that it is of benefit to apply a methodology that analyzes how survivors produce accounts of their victimization that are also storied. Storying experiences that illustrate self-worth and competence in these interviews allowed the survivors to reject an abuse-dominated perspective and develop new narratives which construct themselves as worthy and resilient.

4.1.5 Limitations of the present study

Before discussing the findings of the present study, it is important to draw attention to the limitations that were inherent here. Firstly, concerning the participant sample, the data collected was only representative of people who chose to participate. This study does not include information about people who joined the social support group but discontinued their membership. The survivors who participated generally reported positive experiences with the online group, so people who had negative experiences are not included. The results of this study can therefore not be generalized to people who had negative group experiences. Additionally, all of the participants were current members of the same online support group, were all white, with at least a secondary school education.

Another limitation is that this study did not separate the types of abuse under analysis (e.g., incest, CSA, date rape, stranger rape, etc.). However, many studies have reported that sexual abuse is often intertwined with a multitude of other forms of abuse (e.g., physical, emotional, etc.), where it is often impossible to separate out the effects of the distinct forms of abuse (Briere, 1992). Sexual victimization is one of the many reasons why social support may be affected, but this study does not provide an understanding about the impact of sexual violence separate from other forms of abuse. However, one of the aims of the present study was to provide narratives from a wide variety of survivors with a wide variety of experience, and for this reason, it was decided not to investigate only one “type” of abuse.

Despite these limitations, it should also be noted that this study was designed to be exploratory, and can therefore be considered an important starting point for research in this area. Additionally, some generalizability of results may be possible. While there were a small number of survivors included in this study, it did range considerably in terms of the experiences of the survivors. Additionally, all of the survivors were native English speakers, and drawing on the same

western cultural resources. Therefore, the respondents' narratives reflect shared cultural resources about sexual victimization, which are at least somewhat applicable to other survivors of sexual violence.

4.2 Discussion

Interviewees' narratives of social support varied in both content and form. For example, some survivors told stories about being supported by people immediately after the abuse began, while others were unable to identify any support at all. The survivors ascribed different meanings to their various social support relationships, using a wide array of narrative techniques. To some survivors, their friendships provided love and support that marked turning points in their coping. To others, their supportive relationships were somewhat overbearing, and they wanted to move past being someone who had experienced sexual abuse. To others, the lack of any support led them to rely on themselves to seek validation in other relationships. Despite these differences, all of the survivors, to some degree, provided evidence of positive adaptation and resilience in their stories.

All of the survivors also unconditionally identified the online support group as being an important social support in coping with their past experiences. The survivors used their narratives to highlight and depict different aspects of their experiences in different ways. This served to characterize social support as a multi-faceted and fluid concept. This “convolution” of experience stands in contrast to the unidimensional measures of the impact of sexual victimization. Because these contexts are often dynamic, and because the influence of various friendships and relationships fluctuate throughout life, social support must also be viewed as a changing and fluid support in survivors' lives. Focusing on how survivors impute meaning into their changing social supports as a result of sexual victimization is essential to truly understand the sequelae and effects of sexual violence on coping.

4.2.1 Constructions of others and relationships – Disclosure of abuse and blame

The first overall thematic category yielded from the narrative analysis concerned how the survivors constructed their relationships with others in their stories. In particular, the stories concerned experiences of disclosure and blame, which have been previously presented as the subcategories of this overall theme of constructions of others and relationships. The survivors' experiences with disclosure to their support networks provided opportunities to reform and retell their narratives of sexual victimization, and to reconstruct and reformulate their identities in the process. This process, once again, highlighted the need to recognize the multi-faceted construction of social support. Although the survivors narrated many negative experiences, all of them were able to display agency and positive adaptation at some point in their coping, which showed their ability to survive their harrowing ordeals. This chance to receive positive social support is particularly important when viewed in light of Tremblay, Hebert, and Piche's (1999) study, which showed that coping strategies and social support exert direct effects on victims' adjustment to sexual abuse.

The survivors' narratives of sexual victimization were essential to support their stories of beneficial social support and damaging reactions of disbelief and blame from their support networks. Through their narratives, the survivors imputed meaning to their sexual victimization, changing its meaning from a life event into a life-altering and shaping experience. By emphasizing the harrowing and damaging impact of the abuse, in addition to the negative reactions from friends and family, survivors constructed themselves as innocent victims, mitigating the disbelieving and blaming reactions of others.

It was important that the survivors provided narratives that were coherent for both their own coping and for the listener. In order to maintain their narratives of "what happened", the survivors must have their narratives corroborated by listeners when they tell their stories. A person's narrative of events is only

accepted as truth if it is well-received and believed by a listener (Riessman, 1993). Research has shown how supportive responses to disclosures of sexual victimization are strongly correlated with positive adaptation and non-supportive reactions are associated with poorer adjustment (Coffey et al., 2004; Feinauer & Stuart, 1996; Wyatt & Newcomb, 1990). From a narrative standpoint, it was essential for the survivors in this study to construct coherent and believable narratives that can be understood and accepted by themselves and the listener. The importance of this process is highlighted by the interviewees themselves when they recall times where they were not believed by others. However, in the interviews, the survivors presented believable narratives and effectively constructed themselves as innocent victims.

While many of the “typical” sequelae of sexual victimization were described by the survivors (e.g., depression, flashbacks, drinking, cutting, sexual confusion, etc.), this study highlighted the *way* in which the survivors described these sequelae and their life-altering effects. These sequelae occurred within specific contexts, and were intertwined in a complex fashion with notions of social support. The survivors did not simply list their symptoms; they explained how their symptoms occurred within the context of positive or negative reactions and supports from their perpetrators, friends, and family. In essence, this allowed the survivors to acknowledge their engagement in these damaging behaviors while distancing themselves from responsibility for it. Consider, for instance, Diana’s comment that, “I think that I wouldn’t have had to turn to drinking if I’d had that support” in extract 5. Many of the survivors offered explanations for their sequelae that provided an association between their problematic behaviors and problematic social support. By justifying their behavior and mitigating personal responsibility, the survivors were able to distance themselves from the associated blame, refute abuse-dominated narratives, and protect their identities as innocent victims.

Both qualitative and quantitative research in the literature has highlighted the dramatic and negative sequelae of sexual victimization, ranging from the short-term to long-term. Narrative research, in particular, has highlighted how

personal narratives are shaped by sexual victimization, often resulting in “abuse-dominated narratives” of shame, blame, and powerlessness. Generally speaking, survivors of sexual violence are at risk of creating narratives focusing on their abuse and sequelae, which have been called “abuse-dominated narratives” (Linde, 1993), which are often characterized by themes of self-blame, powerlessness, and helplessness (White, 1995). White (1995) explains that this abuse-dominated narrative often becomes the schema through which the person interprets their identity and world, failing to impute meaning to experiences that contradict this view, thus perpetuating feelings of self-blame and powerlessness. These beliefs are often reinforced by the perpetrators by denying and invalidating the survivor’s claims of abuse, further encouraging feelings of self-blame and powerlessness. Is it thus argued that abuse-dominated narratives make it difficult for survivors to engage in positive adaptation and to move away from these feelings of worthlessness.

White (1995) explains that self-blaming narratives encourage the survivor to experience self-hate and promotes self-punishing behaviors. Other researchers have also noted the correlation between self-blame and depression, anxiety, low self-esteem, and feelings of suicide, where self-blame is associated with increased distress, while blaming the perpetrator is related to better coping (Coffey et al., 1996; Feinauer & Stuart, 1996; Wyatt & Newcomb, 1990). What is important is that the literature on blame is increasingly drawing attention to survivors’ attributions of blame and subsequent coping. These findings were mirrored in the narratives of the survivors in this study.

When narrating about supportive friends and family, the survivors in this study explained how this support provided opportunities to resist abuse-dominated narratives, to support their identities as worthwhile and important individuals, and develop life-enhancing views of relationships. In particular, the interviewees highlighted how positive social support was essential in providing validation. According to the survivors, when their experiences were validated they were encouraged to construct life-enhancing narratives of agency and worthiness; when they were disbelieved or blamed they engaged in problematic

sequelae, self-blaming, and created abuse-dominated narratives.

4.2.2

Constructions of self/identity

The second thematic category that was yielded from the narrative analysis concerned the survivors' constructions of self and identity in their stories. After establishing themselves as blameless victims, the survivors described how the unsupportive reactions of being disbelieved and blamed for their victimization led to changes in how they viewed themselves and their identities.

Even though the survivors in this study were at various stages in their coping with sexual violence, all of the participants reported that sexual violence had a large impact on their social support networks. Stages ranged from trying to reestablish feelings of safety to moving on with their lives and leaving behind their identity as a "survivor". Both the survivors' stories and the literature on disclosure emphasize the profound effect of invalidation and unsupportive reactions to disclosure. The survivors reported that their coping was significantly hindered and even caused them to doubt their sense of self and identity. The narratives presented by the survivors emphasize that the reactions of friends and family to their disclosures of abuse was not as simple as receiving positive social support, or being disbelieved; the reactions of their support networks also impacted how they viewed themselves.

Survivors used their narratives to associate their sexual victimization with subsequent changes in identity in order to emphasize the extent of the damaging impact of the abuse, as well as the revictimization due to unsupportive responses from family and friends. These findings are also consistent with the literature suggesting that trauma can devastate self-esteem and an understanding of self (Herman, 1997). Feelings of stigmatization and feeling "flawed" were highlighted, to some degree, by all of the respondents, consistent with the large body of literature describing the impact of sexual victimization. Most of the respondents reported feeling that something was "wrong" with themselves, leading to feelings of guilt, shame and being "different".

All of the survivors spoke of difficulties in understanding the meaning of their

victimization, or the meaning of the unsupportive responses they received to their disclosures of abuse. These narratives demonstrate how the survivors' meaning-making processes was interrupted. After being victimized, the survivors spoke about a change in the way they saw themselves, the world, and others. Through seeking positive social support and working on their coping, survivors began to see themselves as worthwhile and powerful, validating their identities before the abuse. Social constructionism defines trauma as an invalidation of the meaning-making system by a traumatic event (like sexual victimization) (Leitner, 1999). This proved to be a beneficial conceptualization for understanding the survivors' narratives of social support.

In telling stories about our social relationships and supports we are considering our self and identity in the process. In recognizing that our social supports can change throughout life (particularly as a result of an aggressive life experience like sexual victimization), the survivors also recognized that their concept of self had changed drastically as well. Piaget (1968) described this phenomenon as assimilation; when new experiences are too different from our previous knowledge base we are forced to reconstruct and modify our sense of self, and our story of self to accommodate the new experience. For instance, in Valerie's case, because this shock to her world occurred at a young age, she eventually assimilated this new, altered sense of her world, which she did not resist until years into her abuse. As we are social beings, our development occurs within the context of our social supports and relationships, and this contributes to our understanding of self. Valerie's view of herself as a victim became resistant to change until she was an adolescent.

Generally speaking, the survivors' narratives were used to make sense of a senseless crime, which fractured their sense of a safe world and to maintain their sense of identity, which was threatened by their abuse. Constructivist Self-Development Theory (CSDT) maintains that people hold three general assumptions about self: 1) I am worthy; 2) others are benevolent; and 3) the world is a meaningful place (Saakvitne, Tennen & Affleck, 1999). CSDT explains that when a person experiences a traumatic event they may come to believe that

they are unsafe; that others will hurt them; and the world is unsafe. This was particularly notable with Valerie, whose incest over years led her to strongly distrust people and the world at large, enhancing feelings of powerlessness and isolation. All of the respondents indicated feeling worthless or flawed in some manner. How this blame manifested in each person varied, but the end result of feeling worthless was consistent.

Many researchers have highlighted the disruption to a developing sense of self due to CSA as being particularly disruptive to the person's developing sense of worth and views of others needed for adaptive functioning (Cole & Putnam, 1992; Herman, 1997). The literature further suggests that these understandings of "self" and others that have been impacted by sexual victimization are often generalized to experiences in later life (Herman, 1997), resulting in personal and relationship difficulties. All of the survivors in this study provided narratives detailing how their sexual victimization impacted their views of themselves to varying degrees. While the literature highlights CSA as causing a more drastic "break" in self-understanding, this was noted with all survivors.

An essential component in the meaning-making process of creating narrative is constructing a sense of identity. Narratives describe our thoughts, choices, actions, and experiences to others. Therefore, when the survivors in this study were accounting for their social relationships in coping with their sexual victimization they were simultaneously communicating their identities through their narratives. The survivors initially established themselves as victims in order to mitigate not being believed and being blamed for their experiences. By subsequently providing narratives detailing examples of their agency in coping, the survivors also mitigated being permanently viewed as victims: powerless and helpless. In essence, the survivors drew a line between the sequelae of experiencing sexual violence and their personal agency in coping, allowing for their narratives to be believed and validated.

In the same way in which the survivors imputed meaning into their sexual victimization in the first place, the survivors were forced to assimilate and

attribute meaning to how their sexual victimization fit into their current life and identity.

4.2.3 Constructions of online social support

The final thematic category yielded from the narrative analysis concerns the survivors' constructions of the online social support they received from the online support group. The survivors demonstrated that receiving positive social support, whether in real life or online, can contradict experiences of shame, blame, and powerlessness. Notably, all of the survivors highlighted this occurrence via the social support received from the online group and their support relationships there. This group participation simultaneously validated their experiences; provided the opportunity to meet people who "understood" their experiences; and afforded them the opportunity to build meaningful friendships.

This occurrence is also noted in the counseling literature. Herman (1997) explains that the stages of recovery from abuse involves establishing safety, reconstructing the abuse story and restoring the connection between survivors and their community. These three stages are notably mirrored in the survivors' search for social support online. The support sight aids survivors in establishing safety with a monitored and moderated site; survivors reconstruct their abuse story through support and validation received online; and the connection between survivors and a community of other survivors is established. Experiencing a sense of community can counter experiences of betrayal experienced by previous negative reactions to disclosure. Again, similar to a therapy setting, the online support group can become a safe place for a person to explore their feelings about their victimization, but the site must support a non-blaming, validating environment. This setting helps the survivor to mitigate their feelings of blame and provides a safe environment for the survivor to retell their story.

As previously discussed, the survivors developed positive understandings of themselves and their identities from supportive relationships; this was particularly true of the survivors' online relationships with other survivors. Through their online interactions, the survivors attended to the validating

conversations and acceptance they received online, imputing meaning to these experiences, which supported validating and life-enhancing narratives. The online group completely removed the survivors from their perpetrators and unsupportive friends and family, introducing them to a completely validating and supportive environment. While the physical proximity of friends and family should also provide this support, these relations may feel ill-suited or unwilling to participate in an unresolved narrative of sexual violence. It is unsurprising, then, that survivors bring their stories elsewhere in the absence of traditional problem-solving in their lives.

The survivors highlighted their experiences of supportive relationships online, referring to how these relationships afforded them new frames of reference through which to consider their victimization. According to the respondents, this new frame of reference allowed for them to consider new, life-enhancing ways to cope with their victimization. By drawing on this positive social support, the survivors were able to see themselves as valid and resilient individuals. This occurrence stands in direct contrast to the survivors' earlier accounts of how the unsupportive reactions of friends and family caused them to feel revictimized and invalidated.

As previously discussed, a person's narrative is only seen as valid and believable to the extent that it is accepted by others (Riessman, 1993). To become strong narratives they must be validated by an audience (Polkinghorne, 1998), which is a major reason why the online support group is so validating. However, in researching therapy-induced narratives, Linde (1993) explains that, in order to be effective and internalized by the survivor, narratives must function in the world outside of the therapy office. The same may be true for narratives created in the online world. Take, for example, Mark's statements that he had not disclosed his abuse to anyone in the "real world", but deeply appreciates the validation he receives online. Is the online validation enough to foster life-long resilience? Further research is needed to investigate this issue.

4.2.4 A summary of the discussion of social support

While the discussion has so far emphasized the consistency across the narratives provided by survivors, it is also essential to recognize the differences between them. The findings of this study emphasize the complexity of defining and understanding social support. While there was consistency across the themes discussed here, there was no consistency in how the respondents narrated their experiences. Social support was characterized as multi-faceted and fluctuating across time and contexts. The participant pool was purposefully recruited to represent a variety of sexual violence experiences; even the small group of survivors in this study reported a huge variance in terms of the frequency, duration, identity of perpetrator, impact of the abuse, and other variables. How the survivors imputed meaning and how they narrated these experiences also varied widely, incurring different concepts of social support and different concepts of identity, which was constructed simultaneously for the survivors. This broad conceptualization of social support further substantiates the conceptualization of social support as a multidimensional concept (Cobb, 1979; Cutrona & Russell, 1987; Sarason *et al.*, 1987; Stewart, 1993).

The present study also allowed for the survivors to reflect on the changes in social support over time, rather than focusing on the effects at one point in time. Many of the survivors highlighted how they felt powerless and insignificant while the abuse was occurring, but explained how they began to feel important and validated with the help of appropriate social support. These findings indicate that the impact of sexual violence is a dynamic, evolving process that cannot be appropriately measured at one point in time, as is the case with quantitative questionnaires and surveys. Such measures are limited in their ability to truly understand how social support can impact a survivor's coping.

Kaniasty and Norris (1992) have shown that perceived support consistently buffers against depression and anxiety. The stress buffer model of social support argues that stress is more harmful to a person with weak social supports (Cobb, 1976) and that social support can buffer against the negative effects of stress on

mental health (Olstad *et al.*, 2001). The stress buffer model of social support has been upheld by the findings of the present study, as all of the survivors reported that sexual violence impacted their social support. While all respondents highlighted both the negative impact of a lack of social support and the positive impact of beneficial social support on their coping, how this impact manifested in their lives varied from person to person. This finding supports the conceptualization of social support as a multidimensional concept (Cobb, 1979; Cutrona & Russell, 1987; Sarason *et al.*, 1987; Stewart, 1993). Further, this finding strongly indicates that including assessments of meaning that survivors attribute to their experiences of sexual violence will provide a more comprehensive understanding of the impact of social support on survivors' coping in the literature.

The survivors described their past struggles with the impact of social support on their coping, storying the damaging impact of not being believed and being blamed for their victimization by their friends and family. Additionally, the survivors spoke about perpetually striving in their social relationships and coping, working to maintain their existing supports, and seek out new ones online. The survivors spoke of functioning better with the help of some supports more than others. Generally speaking, the survivors' narratives were hopeful for the future, but also expressed the expectation that their victimization would continue to affect them on some level in the future as well. This is also emulated by their current, ongoing membership and involvement with the online support group, which suggests that all of the survivors are still in need of social support to some degree.

The results of this study, therefore, support the argument that the social support needs and experiences of survivors of sexual violence must be understood as a multi-faceted, fluid concept (Cobb, 1979; Cutrona & Russell, 1987; Sarason *et al.*, 1987; Stewart, 1993) in order to appropriately represent the complexity and individual nature of experiencing and coping with sexual trauma (Kogan, 2004). This conceptualization is supported by the narratives presented here, where the survivors initially provided narratives of damaging relationships to their

disclosures of victimization. However, through their subsequent efforts to cope, the survivors provided evidence of positive social support and the beneficial impact this had on their lives (as a result of Internet-based social support). The survivors presented these narratives as evidence of their own agency and positive adaptation, and as further evidence of the detrimental impact of the behavior of both the perpetrators and their friends and family. The narratives provided evidence of the changing constructions of their abuse, their identities, and their social support; as their reactions and coping with their victimization revised and adapted with time and varying contexts.

4.2.5 Study implications for future research

This study has highlighted the dynamic, multi-faceted impact of sexual violence on social support. As a result, professional interventions need to employ procedures that target this heterogeneousness. Given that how we story ourselves becomes a survival function and part of our identity, these stories can often be resistant to change. It is essential, then, that professionals working with survivors recognize the multi-faceted ways in which people use internal stories about their experiences to maintain balance in their lives. This can be accomplished through the subsequent suggestions.

Additional narrative research on resilience from sexual violence is warranted to identify factors related to positive adaptation that can be translated into interventions. It would be of benefit if future research separated out types of abuse, duration, and perpetrator identity, as a basis for comparison. Doing so would further our understanding of whether certain forms of abuse have a different impact and meaning for survivors of different ages and at different developmental periods.

Focusing on resilience in analyzing narrative allows therapists to be armed with suggestions for survivors that are realistic and hopeful. Understanding how resilience begins and progresses will help to aid survivors along the path to recovery instead of pathologizing those who have been abused as “damaged”, once again highlighting the significance of language and narrative in facilitating coping. It is important that the survivor be reminded that their coping difficulties arose because of what happened, and not because of something inherently wrong with them.

Following from this need for careful attention to language use in therapy is the suggestion for the application of narrative therapy as a tool for mental health professionals when working with survivors of sexual violence. Michael White and David Epston (1990) developed narrative therapy together and use social constructionist ideas to look for ways that clients can think about and talk about

their problems as if the problems exist independently of the person. This is done in order to help clients find ways to reduce the effects that these problems have on their lives and relationships. This process also provides survivors with alternative ways to “define” their trauma. The belief is that this will enable people to more easily separate out the effects of problems that they are able to change, and thus empower them to make those necessary changes (White & Epston, 1990). This process of separation can occur “naturally” through online support (as highlighted by the respondents in this study), or through professional therapy that can take place offline or online. This process of engaging in storytelling allows survivors to reauthorize their lives (Pennebaker, 1995; 1997), clearly informing about why survivors have turned to Survivors Online for support, and what was lacking in their traditional social supports (e.g., friends, family, etc.) that contributed to this decision. Thus, narrating about abuse is a particularly suitable coping tool for survivors of sexual violence, whether occurring in a support group between survivors or between a client and counselor.

4.3 Conclusion

Participants in this study have highlighted the profound impact of sexual victimization and insufficient social support. Providing narratives of their support online, survivors moved past the victim roles they had previously highlighted in their accounts of abuse and sequelae. Although the narratives of victimization helped the survivors account for not being believed and being blamed in their interviews, permanently constructing themselves as victims was very limiting to their narratives and sense of identity. In order to construct a more resilient, “survivor” identity, the survivors had to illustrate notions of agency in their stories.

The survivors in this study are just that – survivors who have dealt with the harrowing impact of sexual victimization with diverse coping strategies and diverse experiences of social support. This study of survivors has illustrated the diverse settings in which sexual violence occurs, the diversity of responses to this victimization, and the diversity of coping styles and skills amongst survivors. These many variances all color the survivors’ experiences.

In summary, the construction of narratives comprised a significant social resource for the survivors in this study, who used narratives to make sense of their victimization and to maintain their understandings of their identities. Overall, the narratives were used to present the survivors as affected but not defined by their victimization, thus constructing themselves as resilient by mitigating self-blame and expressing how they have moved beyond the unsupportive reactions of their friends and family due, principally, to the support received online.



Chapter Five:

Study Two: A content analysis of posts on the support site

5.1 Overview

Study one analyzed how survivors make sense of their experiences of support in order to inform about why they have turned to an Internet support group. Following on from that, the focus of study two is to assess what kinds of online support are deemed most important to survivors in their attempts to cope with sexual victimization.

Study two specifically assesses what kinds of support are exchanged on Survivors Online in the survivors' own words across two aims. The first aim was to document the quantity of social support content in the posts. The manifestation of the various types of support was illustrated by providing excerpts from the survivors' posts. The second aim was to contextualize the findings of this study with previous research using Cutrona and Suhr's (1992) coding framework for use with the online coding of support messages, which consists of 5 overall categories of support (informational, tangible, esteem, network and emotional support). Using an existing framework allows for the contextualization of the findings of this study with previous research using Cutrona and Suhr's (1992) coding framework for use with the online coding of support messages. Additionally, the framework is an appropriate measure of social support in the present study as it was designed to examine the actual behaviors that communicate support between people (Cutrona & Suhr, 1992).

Overall, these aims intend to describe the supports that are of most importance to this population of sexual abuse survivors, and to contribute to an understanding of how survivors access and participate in support-related online groups. This understanding will facilitate the identification of survivors' support needs and highlight how existing services might better meet their needs. It will also allow for an understanding of whether written text via the Internet is perceived to be a viable means through which to connect to other survivors and establish a supportive community of survivors, contributing to the overall thesis aim of understanding how survivors access and participate in support-related online groups. In turn, this can inform mental health professionals and policy

makers about how online support can be utilized to promote the welfare of survivors.

5.2 Results

This chapter presents the results and discussion of study two, which documents the types and extent of social support posts exchanged by members of Survivors Online. Cutrona and Suhr's (1992) Social Support Behavior Code framework was used to code 755 messages that were posted over a 7-day period.

As previously highlighted in the methodology section, Cutrona & Suhr's (1992) Social Support Behavior Code framework consists of 5 overall categories of support (informational support; tangible support; esteem support; network support; and emotional support), and also includes a further 23 subcategories of behaviors (see table 5.1)²².

²² Refer to section 3.4.3.2.2 of the methodology for a discussion of the coding framework.

Table 5.1: Definitions of Social Support Behavior Codes (reproduced from Cutrona & Suhr, 1992, p.161)

| SUPPORT TYPE | PURPOSE OF COMMUNICATION |
|---|---|
| Informational support Suggestion/advice Referral Situational appraisal Teaching | Offers ideas and suggests actions Refers the recipient to some other source of help Reassesses or redefines the situation Provides detailed information, facts, or news about the situation or about skills needed to deal with the situation |
| Tangible support Loan Direct task Indirect task Active participation Willingness | Offers to lend the recipient something (including money) Offers to perform a task directly related to the stress Offers to take over one or more of the recipient's other responsibilities while under stress Offers to join in the recipient in action that reduces the stress Expresses willingness to help |
| Esteem support Compliment Validation Relief of blame | Says positive things about the recipient or emphasizes the recipient's abilities Expresses agreement with the recipient's perspective on the situation Tries to alleviate the recipient's feelings of guilt about the situation |
| Network support Access Presence Companions | Offers to provide the recipient with access to new companions Offers to spend time with the person, to be there Reminds the person of the availability of companions, of others who are similar |
| Emotional support Relationship Physical affection Confidentiality Sympathy Listening Understanding/empathy Encouragement Prayer | Stresses the importance of closeness and love in relationship with the recipient Offers physical, contact, including hugs, kisses, hand-holding, shoulder patting Promises to keep the recipient's problem in confidence Expresses sorrow or regret for the recipient's situation or distress Attentive comments as the recipient speaks Expresses understanding of the situation or discloses a personal situation that communicates understanding Provides the recipient with hope and confidence Prays with the recipient |

A content analysis was performed on 755 posts on the “My Voice” forum on Survivors Online, posted by 92 members on the support site. Figure 5.2 presents the number of threads started during the seven-day period that data collection took place (e.g., the number of new topics started by members). The least number of threads were started on day one (n=12), and the highest was day 7 (n=27)²³.

Figure 5.2: Number of threads started

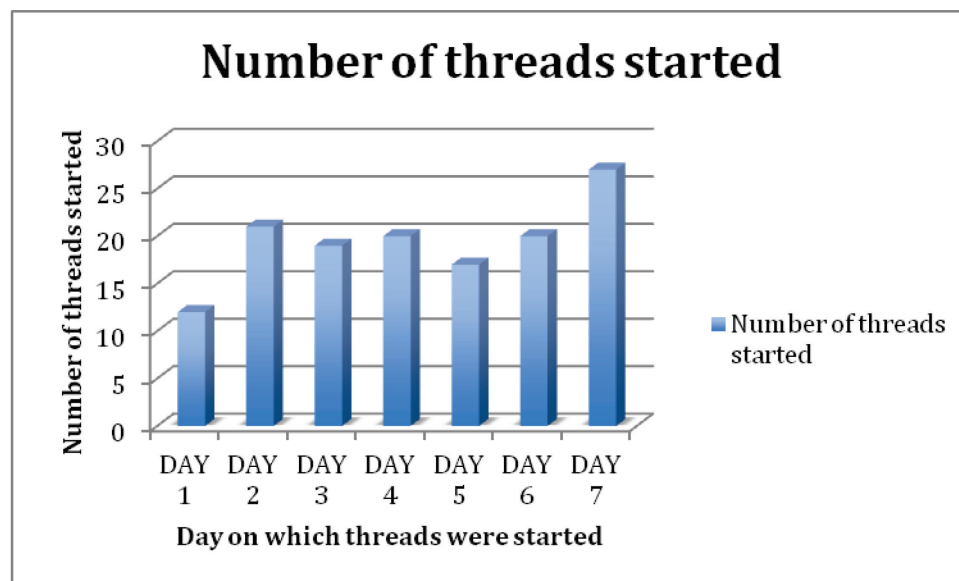
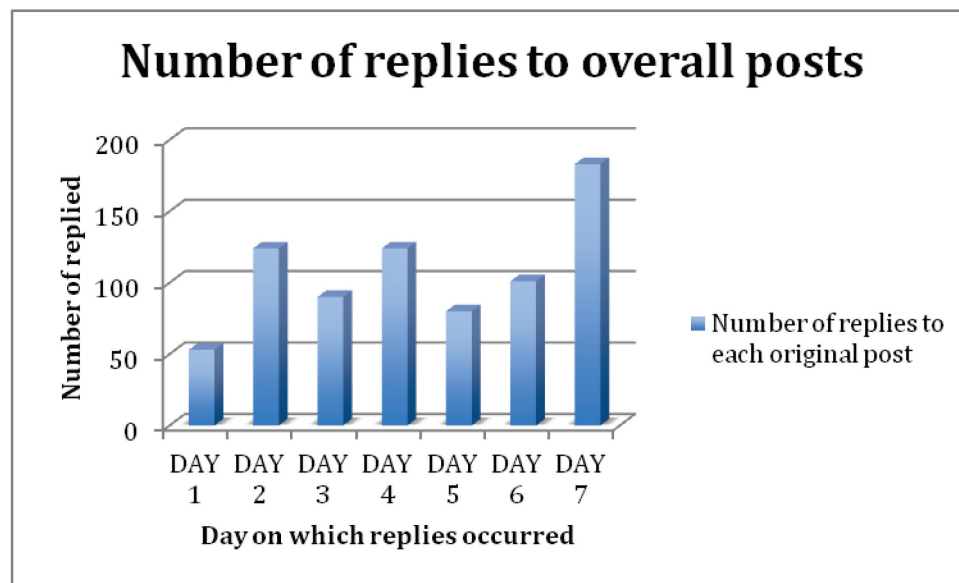


Figure 5.3 presents the number of replies that were received in total on each day to the threads that were started (depicted in figure 5.2 above). Following the pattern seen in figure 5.2, the largest number of replies were received on day seven (n= 183), with the least on day one (n = 53).

²³ Refer to section 3.3.2 of the methodology for a more in depth description of why this forum and time period was selected.

Figure 5.3: Number of replies to overall posts



5.2.1 Aim 1a: Frequency of support behaviors

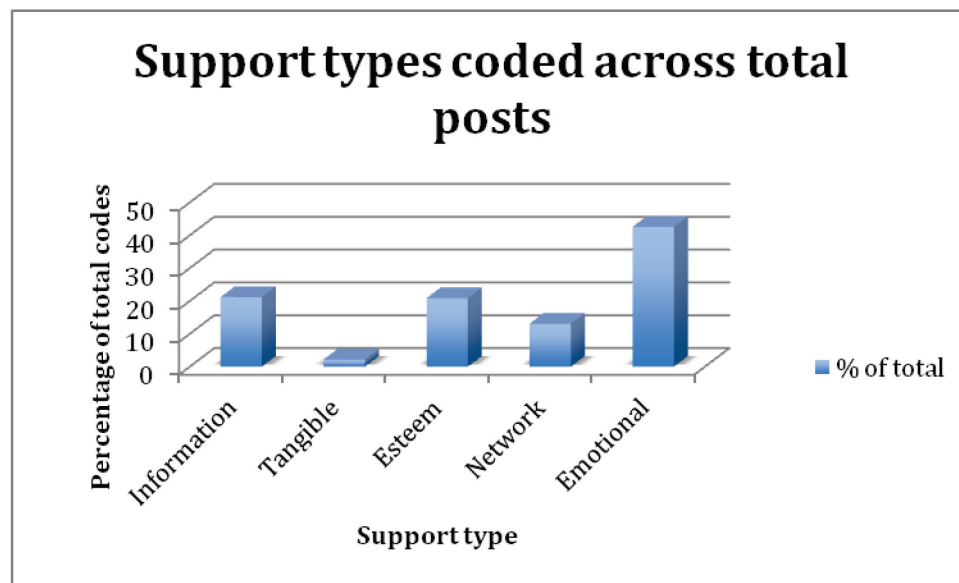
The first aim of this study was to assess the frequency of the occurrence of the various types of social support in the replies to posted messages in the “My Voice” forum on Survivors Online. Table 5.4 presents the frequency of each category across the 5 overall categories and 22 subcategories of Cutrona and Suhr’s (1992) Social Support Behavior Code.

Table 5.4: Frequency of social support within the 755 coded posts

| SOCIAL SUPPORT CATEGORIES | FREQUENCY | % OF TOTAL |
|----------------------------------|------------------|-------------------|
| INFORMATION | 512 | 21.2 |
| Advice | 211 | 8.7 |
| Referral | 77 | 3.2 |
| Situation appraisal | 38 | 1.6 |
| Teaching | 186 | 7.7 |
| TANGIBLE SUPPORT | 54 | 2.2 |
| Loan | 0 | 0 |
| Perform direct task | 3 | 0.1 |
| Perform indirect task | 0 | 0 |
| Active participation | 4 | 0.2 |
| Express willingness | 47 | 1.9 |
| ESTEEM SUPPORT | 505 | 20.9 |
| Compliment | 164 | 6.8 |
| Validation | 297 | 12.3 |
| Relief of blame | 44 | 1.8 |
| NETWORK SUPPORT | 315 | 13.1 |
| Access | 6 | 0.2 |
| Presence | 24 | 1.0 |
| Companions | 285 | 11.8 |
| EMOTIONAL SUPPORT | 1027 | 42.6 |
| Relationship | 6 | 0.2 |
| Physical affection | 184 | 7.6 |
| Confidentiality | 0 | 0 |
| Sympathy | 231 | 9.6 |
| Understanding or empathy | 376 | 15.6 |
| Encouragement | 226 | 9.4 |
| Prayer | 4 | 0.2 |
| NUMBER OF MESSAGES | 755 | |
| Number of codes across messages | 2413 | |

Graphically, figure 5.5 illustrates the obvious dominance of emotional posts, followed by information and esteem (almost equal in occurrence), network, and tangible support in the obvious minority. Figure 5.5 refers to the categorization scheme previously presented in table 5.4.

Figure 5.5: Support types coded across total posts



5.2.1.1 Interrater reliability

Interrater reliability was calculated only on the overall 5 categories as recommended by Cutrona and Suhr (1992). An independent rater coded 10% of the posted replies to original messages requesting support. Agreement across all 5 overall categories was 0.72 (Cohen's kappa).

5.2.2 Aim 1b: Textual examples of the types of support behaviors

The second purpose of aim one was to discursively describe the types of support behaviors that were present in the coded messages on Survivors Online (as represented in figures 5.4 and 5.5 previously). In order to accomplish this, quotes from posts coded into the various categories of support are presented to illustrate how the various types of social support manifested in the context of the actual messages posted on the forum (based on the previous frequency analysis in table 5.4).

5.2.2.1 Information support

The overall category of information support included posts that offered suggestions or advice; referrals to other sources of help; situation appraisal; and teaching. Each of these four subcategories of information support will now be presented with illustrative quotes for each category to depict how these supports manifested in the context of the actual text of the posts.

5.2.2.1.1 Suggestions/advice

Posts in the suggestions/advice category generally offered advice for challenges coping with sexual victimization. For instance, one Survivors Online member received this advice about being hurt by her mother's decision to inform family members about her abuse history without her permission:

Have you tried talkin to your mom about it and telling her how it makes you feel?? At least so that kind of thing doesnt get repeated in the future?? Maybe make alist of the reasons why you think its wrong, so it comes across as very logical sounding as opposed to emotional? You have EVERY right to your emotions, and i only mention the letter idea because sometimes people take us more seriously when we have something written down, as opposed to them thinking you are just flying off the handle. Also, she can think about what she has done when she has the letter to read? You can even draft it and put it up on the boards if you want if you re worried about how you ll come across!

Suggestions and advice also took a very practical focus in providing members with advice of where to go to for help:

is there a crisis center in your area? have you tried looking on rainn.org for a crisis center in your area? maybe they would have some ideas on how to help, or leads on people to talk to. not telling you what to do- just an idea. please be kind to yourself. you are not alone. keep reaching out.

The following two quotes provide examples of suggestions of actions that the members should take to deal with their problems. The first quote suggests the person should take action by setting personal rules, and the second suggests the action of cutting ties to an inappropriate person.

I am sorry you've had to deal with this again and again. How long are you dating for before telling these guys? Maybe you should make a rule for yourself - no telling until date 12, and no opportunity for sex before that either so that they simply can't hurt you? By 12 dates you should have a fair idea of what sort of guy you're seeing. I'm not sure if that helps? You definitely deserve to be safe and whole though, no matter how those bastards might make you feel.

Please please please please don't ever talk to this man again. He is a complete as*hole, and I am worried for your safety. He called you a whore, blamed you for your rape, put you down, and then took advantage of you when you were drunk. Please don't ever see him or speak to him again.

5.2.2.1.2 Referrals

Posts coded in the referrals category refer the member to some other source of help. For example, in response to a query about not being to afford therapy, one member responded: do you need the initial message asking for information/advice etc.?

Not sure where you are but two ideas came to me...one is to try a training hospital, they might offer low or no charge in exchange for seeing a therapist in training. And the second is to try local churches, there's one near me that offers counseling based on income. The church supplies the room and the psychologist takes whatever fee is agreed upon.

Similarly, another member attempted to refer a survivor to another source of help in concern for the person's coping:

I am sorry this happened to you ...
What a difficult time for you at the moment.
Remembering nothing of what happened.
Do you have a therapist or support person.
You need someone right now.
Someone that can support you through these "blanked out times" and help you reconnect with your entire body.
I suggest you ring a Rape hotline and tell them exactly what you told us here.

In response to another query about locating free therapy options a member posted a list of free Internet-based therapy workbooks.

Im thrilled that you've found someone you can talk to!! The fee is a bummer tho. Have you asked her if she has a sliding scale for fees? Maybe once every week and a half or something? Perhaps budgeting for it?? I do have a collection of therapy workbook links that are free and on the Internet!
here are a few links:
<http://www.smartreco...s/toolchest.htm>
<http://www.ascasupport.org/>
<http://www.getselfhe...edownloads2.htm>
<http://ehcounseling.com/materials/>
I hope this T gets back to you with good news. Take care

5.2.2.1.3 *Situation appraisals*

Situational appraisals reassessed or redefined the situation of concern for members. In other words, these posts attempted to reconstruct the situation for the member so they could look at the issue a different way. The following post attempted to reassess a member's concern that she had aborted a child conceived through unprotected sex by taking the morning after pill. The post redefines the situation by providing evidence that the member was unlikely to have been pregnant:

I am so sorry that you feel this way--grieving for the child you never had must be very sad. I don't want you to have to feel like your emotions are in any way invalid.
However, that being said, you're grieving for something that probably wouldn't have happened anyway. The approximate chance of conceiving in a single unprotected sexual encounter is somewhere

between 3% and 5%. So it is very unlikely that you would have gotten pregnant even if you hadn't taken the morning after pill. If you want a child, then maybe this is the time to start exploring your options to have one who's conceived under much happier circumstances (with or without a man)...but don't think of this as a situation where you somehow prevented yourself from conceiving with the morning after pill. There is AT LEAST a 95% chance that you wouldn't have gotten pregnant anyway.

The second quote responds to a member's concern that perhaps did not have a right to post on the site as she questioned whether her experience constituted rape as she was drunk at the time of the assault and did not verbally say "no" to the attacker. The following post redefines the member's situation but ensuring that the member reassesses her experience and understands it as rape:

I'm sorry but that was definitely rape. Even legally, being intoxicated means you cannot consent and means that there was no way he could have legally gotten consent from you, therefore it was rape. Your feelings should prove to you that you were violated and wronged. I'm sorry that this happened to you and hope you can heal from this traumatic event.

The final quote depicting situation appraisal encourages a member to look at her experience in a different light to ensure she is making the right decision. The member encourages the poster to "reconsider" her situation:

If you truly want to walk away from your marriage and your husband that's one thing, but if you're feeling hurt and overwhelmed at the moment and acting out of pain and frustration then please reconsider. The only mistake here is allowing a very unstable, manipulative MIL to ruin your life. I hope you feel better after some rest and realize that Mr.L chose you for a reason!

5.2.2.1.4 Teaching

Teaching posts provide detailed information, facts or skills needed to deal with the situation. The following post provides detailed, factual information in response to earlier query from the woman who was requesting support for the guilt she felt about taking the morning after pill:

If you're having entirely unprotected sex, you are still not fertile for most of the month. The average woman is only capable of conceiving about 3

days per month. Even when sperm and egg are both present during those 3 or so days of ovulation, conception occurs less than half the time, and even if the egg is fertilized and implants, almost half of all pregnancies end in miscarriage during those first few days, before the woman ever even knows she's pregnant at all. Given those statistics, a 3% chance of conceiving from a single unprotected encounter even seems a little too generous. It's probably closer to 2% or so, when you include pregnancies that miscarry unbeknownst to the woman a few days after conception. And miscarriage can be caused by a lot of different things (and sometimes seems to have no cause at all), but stress is a big causative factor of miscarriage. And rape is a big causative factor of stress. Which puts the chances even lower.

I hope this gives you some comfort. It is highly unlikely that taking the morning after pill changed anything at all. You've lost enough because of the rape--you don't have to feel like you've lost a baby too.

Another post provides information on the skills needed to apply makeup and jewelry to a woman who spent years being told by a controlling husband that she was not to wear makeup or jewelry.

I would say when you try out something new - make up, jewellery or clothes - remember, firstly, that this is your choice and you are doing it for yourself and no one else. Keep in mind that you deserve to wear what you like to make you feel strong and confident and feminine because you deserve to feel all those things, not because it will make you more attractive to anyone else, but that you are happy with the face you present to the world. If that means wearing a little make up and a pretty pair of earrings then there is nothing wrong, improper or unseemly about that.

5.2.2.2 Tangible support

The second overall category was tangible support. Tangible support involved the member offering to take physical action in support of the recipient. The subcategories in this section included offering a loan; performing a direct task; performing an indirect task; active participation; and expressing willingness. No posts offering loans or indirect tasks (e.g. offers to take over a member's responsibilities while under stress) were located in the posts.

5.2.2.2.1 *Direct task*

Only one post offering to perform a direct task was represented amongst the 755 coded posts. The following message depicts a member offering to locate information for another member:

I am really sorry to hear that. I wish I had some sort of advice for you. The only thing I can think of is maybe try another helpline what country are you from maybe I can look some up for you.

5.2.2.2.2 *Active participation*

Messages containing active participation offered to join the recipient in action that reduces the stress for the member. The minimal number of posts coded into this category (n=4) defined offers of "active participation" broadly. While the following two posts offer active participation on behalf of another member, the offer is symbolic in nature, rather than concrete. For example, in the following post a member offers to symbolically accompany another member to a stressful doctor's appointment:

I think that what you are going through is extenuating circumstances. I really can not help here, except to tell you that I am thinking of you. I will be a pocket rider if that helps at all.

Similarly, the member in the following post offers to share her tissues with a fellow survivor:

Go ahead and cry. You deserve a really good one. I will share my Puffs tissue with aloe and a shoulder to cry on with you. Life right now sounds

like it is pretty overwhelming for you to do alone right now. Just take a break and cry. We'll be here for you.

5.2.2.2.3 *Willingness*

The posts coded into the willingness category expressed a willingness to help other members, and contained the largest number of posts in the tangible support category. The first post expresses willingness to help another member by information the member to PM (private message) her if she needs anything:

I am so very sorry for your loss. Safe hugs if ok. Please know that we are all here and supporting you through this difficult time. If there is anything I can do to help, even if its just listen, please dont hesitate to PM me. Again, I am so sorry for your loss, and I am really hoping that you ve got some good support r/l.
Take care.

Similarly, the following two posts express willingness to help another member:

Don't forget we're all here for you anytime that you need us

Please take care of yourself, and keep using this board, we re all hear to support and listen to you

Finally, the last post, highlights both a member's willingness to help others (in the very last sentence), as well as expressing her sincere thanks for the willingness of others to reach out and help her when she needed it:

I woke up feeling blue today. I started going over the past last night which not only resulted in a terrible nights sleep but also has left a lingering feeling of sadness today. I know there is no point going over the past or dwelling on what might have been, though thats easier said then done, and that is something that all the wonderful people here have taught me. In the same way that they (you) taught me that what happened wasn't my fault and that i deserve to heal.

And feeling like that this morning just made me realize how much I value all the support I have here at [Survivors Online] and how incredibly grateful I am. We are all brought here because of such terrible things and yet what has been created is a testament to our combined and personal strength and compassion.

So I just want to say a huge THANK YOU to everyone here. I really appreciate your support, acceptance and friendship.

I want to send safe hugs to all who want them.

Now, enjoy some smileys... and my offer of support and love to whoever needs it.

5.2.2.3 Esteem support

Esteem support is the third overall category support as described by the Social Support Behavior Code (Cutrona & Suhr, 1992). Esteem support posts validated the recipient's concept of self and competence through compliments, validation, and relief of blame.

5.2.2.3.1 *Compliments*

Compliments said positive things about members or emphasized the members' abilities. In response to a post from a member describing having to deal with stressful family members while taking care of an elderly mother, this member emphasized and complimented the original poster's abilities in the situation:

All I can really think of to say right now is WOW!!! I am so so proud of you for setting those boundaries and sticking with them. It is great that they listened to you, that must have been really validating I'm sorry that you have so much on your plate right now but it sounds like you are handling it so so well. I think it is amazing that you were able to handle everything going on in a healthy productive way. I hope that you will continue to put yourself first and to take good care of yourself especially during this time.

The following message was posted in response to a member's description of confronting the scene where she was faced with a pedophile who tried to convince her to get into his car:

That 9 year old little you was soooooooooo brave for running off and for not going with them!
And how awesome that you were able to go back and to act out what happened and to see how brave you were, that is a big healing step! Brava to you

The final example of a compliment is from a member emphasizing another poster's abilities to support her through moments of self-doubt:

you are NOT a monster. I've read some of the replies you've written to other people's posts, and they are kind, supportive, gentle and considerate. No monster could have written like that.

5.2.2.3.2 *Validation*

Posts in the validation category expressed agreement with the recipient's perspective on the issues raised in their various posts. For instance, in a response to a post about a member wanting to tell his mother about the extent of his abuse, this member expresses agreement and understanding about wanting the support of her mother:

It takes a lot of courage to challenge the lies we've been told about who we are and about our responsibility for abuse (you really aren't responsible - you really, truly aren't!) It's definitely not easy or something you can just decide to do and do, I think. But hopefully hearing about my own experiences of that and how I can understand the fear and the pain but also found that what I thought my parents thought or would think wasn't right ... well, it was a huge relief for me. So so so scary to ask. But I'm glad I did. I'm lucky to be really close to mum and dad and not everyone has that - I know our relationships are all different. You'll know if you can tell her one day or not. Wanting to, wanting that reassurance and comfort is TOTALLY understandable - we don't lose that with age. It's so normal to want your parents' love and approval - please be kind to yourself about feeling that way, OK? About wanting to share what happened with her and be comforted and cared for. Of just wanting not to have to hold it all inside. That's so normal and understandable!

Another member responds to the same post, beginning her message with "like you, I never told my mom", establishing agreement with the original poster's actions and therefore validating the member's choice of action:

Like you, I never told my mom because I was afraid of the pain it would cause her and afraid she would blame herself. I'm sorry. I know it's hard. I know it's cliché, but it's true and we have to be reminded: you did nothing wrong. You are not disgusting or bad. Be good to yourself.

The final post responds to a member's confusion about whether or not she is justified in feeling glad that her mother was sent to a nursing home. The message clearly validates the poster's perspective on what happened by providing a personal story to show that the person truly understands why the member made her decision and agrees that it was the right choice as she highlight, "your reactions make sense and are really loving".

My dear friend, I've been in a similar situation with my father-in-law, who died last year, so I really do understand what you mean about feeling she'll be safer and cared for more without so much medical intervention. It is very hard to watch someone you love unable to eat or interact

properly. Please be really, really gentle with yourself about how you feel, dear mate. Your reactions make sense and are really loving. My husband felt so guilty about wishing his dad peace from the struggles he was going through, because that meant wishing he would die. But it was all from love and respect for his dad. It's natural to wish the end of things that are painful for you all. I know that if you could, and if my husband could have, you'd both wish your mum and his dad alive, well and happy. It's very difficult grieving for someone who's still there with you, but no longer having that quality of life or ability to be present in your life. I don't know if that's the case with your mum - but please be kind to yourself about that whole range of feelings. You're not alone in having mixed feelings and being concerned about her comfort right now as well as her survival - caring about her quality of life as well as the length of it is not being unloving in any way. I'm so sorry that she's so unwell and I hope, if it's possible, she'll recover more. Sending you so many gentle, caring, loving thoughts. I hope you'll all have the best possible quality of life and interaction together for as long as that can happen and a peaceful, painless end when that time is up, whenever that may be. With much love and sympathy and care and glad that your mum's in a better situation now and you'll be spared dealing with your brother as much (I hope?) If OK hugs.

5.2.2.3.3 *Relief of blame*

Relief of blame described messages that tried to alleviate the member's feelings of guilt about the situation. The four subsequent posts clearly present member's responses to posters situations that present messages confirming the posters' lack of responsibility and blame in their sexual victimization.

I'm so sorry for what you've been through and that you are having such difficulties dealing with all this. I know how easy it is to blame ourselves but please try and remember that what happened was not your fault and leave the blame where it belongs, with him. The above two are the same

You are not evil. You are guilty of nothing. You are doing a sensible, smart, GOOD thing by staying away from him and protecting yourself. I know it's hard when reality seems to be twisted so much by who they seem to be on the outside. YOU know how he is, YOU know WHO he is, when he's alone with you. Don't give him another opportunity to hurt you. You do not deserve to be hurt. Nobody deserves that. Nobody. And you're no different. You deserve to be treated with love and respect, kindness and affection. Do not let anyone convince you otherwise.

It was still rape! Maybe despite your buzzed mind there was some recognition of what was about to happen and begging him to use a

condom was more of a reflex since you knew you weren't able to prevent him from continuing? It wasn't your fault!!! It was still rape!
Hugs, if okay?
Peace to you.

5.2.2.4 Network support

The third overall category of network support included posts that connected members to others in similar situations through access, presence and companions.

5.2.2.4.1 Access

The access category included posts offering to provide members with access to new companions. Posts included in this coding category did not offer access to new companions outside of Survivors Online, but rather offered access to new friends and support within the Survivors Online community. This was offered mainly to new posters and new members. For instance, one member posted “Oh and I almost forgot! WELCOME!! I'm glad you've found us” in response to a new member’s first post. Similarly, the following post supported another new member:

This site it truly a blessing. Everyone here is so kind and supportive.
We're here for you. You're in my prayers.

Finally, this post provides a member with access to a new companion by offering herself as a new companion:

I have found that I have been able to get closer to some of the fellow survivors here that will listen when I am struggling. I know it is not RL but to me the emotional support has been wonderful. If you ever need some to listen please feel free to PM me.

5.2.2.4.2 *Presence*

Posts about presence offer to spend time with the person and “to be there”. The following four posts show members offering their presence as support to other members.

Please be gentle with yourself as you work through this and continue to reach out to us for support. I know that we've spoken before so please know that you can continue to pm me anytime.

We are here to listen when and if you are ready to explain

Sorry to hear you are feeling so alone. I didn't think you were moaning, just saying how you feel....

I hope you feel better soon.

Hugs

If you want?

sending a butterfly to sit with you.

sitting with you Hugs.

5.2.2.4.3 *Companions*

Posts included in the companions category remind the member of the availability of companions, and others who are similar to them. The first two messages emphasize that these members are similar to the poster and are there for them.

I have been (and still am) in your situation. It is hard to hold the ones we care about responsible. We always want to justify their behavior to make it seem less nightmarish than it really was. It is our way of dealing with the abuse.

oh my friend - please dont ever apologize for venting and letting it out. it takes courage to do that and it helps - you arent alone here. i am sorry for what you are having to endure - i can empathize with your pain and not wanting to have to deal with it.

These two posts emphasize primarily the presence of others and availability of support on Survivors Online:

Please keep reaching out and talking about it during the good times and bad. We are all here to support you

In a way, if you had to remember it was good to have it happen at your T's where you are fully supported and safe. Give yourself some time to deal

with these new memories and feelings as they come, okay? And know that you aren't alone!

5.2.2.5 Emotional support

The fifth and final overall category is emotional support. This was the most frequently occurring category where 42.6% of the posts contained messages of emotional support. Posts of emotional support included all messages conveying sympathy or emotion towards members. Specifically messages were coded for content of relationships; physical affection; confidentiality; sympathy; understanding; encouragement; and prayer (as describe by the Social Support Behavior Code categories in figure 4.1). No messages of confidentiality were represented in the coded posts, so this category is not depicted by quotes in this section.

5.2.2.5.1 Relationship

The relationship category included posts stressing the importance of closeness and love in relationships. The member in the following quote stresses the importance of how she feels about her children in response to another member's post about a miscarriage.

But I love my children more than anything in the world. I couldn't imagine life without them. I never knew so much love and happiness before they came into my life. So I don't think that anyone is wrong for loving their child, regardless of how it came to be. And I don't believe that no pregnancy takes away your right to grieve. I've had friends who are infertile tell me of similar feelings. Our feelings often don't make sense to us or to others, but they are our feelings. Be well dear

In the next post another member highlights the love she feels for her mother in supporting her:

My mum is an amazing woman. She's dealt with this with so much love, strength and bravery. She's really fronted up, even though it's so very painful and hard. I love her very much and I admire her too.
I just wanted to say that here. Mothers can be AMAZING.

Finally, this last quote shows a member congratulating another member on getting married by emphasizing the importance of love but again, how does this relate to other members? :

I didn't know you'd gotten married! That's a BIG one. I know it can be complicated, but true love is so so GOOD! She's a lucky woman (and it sounds like a very special one too).

5.2.2.5.2 *Physical affection*

Posts containing physical affection included offers of physical contact (including hugs, kisses, etc.) to another member. Many posts on Survivors Online ended with brief statements such as, “safe hugs if ok?” The following three quotes are examples of some of the more detailed offers of physical affection.

((((((((((((((((XXXXX))))))))))))))²⁴

Sending you lots of hugs hon, I know that life can get very complicated but keep holding onto the fact that it does get better and you can come through to the other side. Keep reaching out whenever you need anything

You can cry on my shoulder

Lots of love and care to you and many gentle thoughts. You're not complaining over nothing at all - it's real, it matters, and so do you. Have a sympathetic virtual shoulder, or just listener.

5.2.2.5.3 *Sympathy*

Sympathy messages expressed sorrow or regret for the recipient's situation or distress. The following three posts all begin with “I'm sorry”, conveying sympathy to the members' situations.

I am so sorry that you still find yourself in an unsafe environment. I'm happy to hear that things are going pretty well for you right now and that you will be able to get away for a few days. I know how hard it is to feel trapped in an unsafe situation and I just want to let you know that I am here to listen and that I understand.

I'm really sorry you've experienced this more than once. It is horrible to put yourself out there and feel that vulnerable and someone take advantage. I've never been through this myself and can't imagine what's going on with them, but wanted you to know that I was listening.

im sorry i havnt many words for this but wanted you to know that ive heard you and sending supportive hugs your way, sorry i couldnt help

²⁴ Parantheses surrounding a person's name [e.g., (((((Jennifer)))))] symbolize hugging that person.

more x i do get you feeling that way and wanting to rant at him, your not alone in anything you have said xx

5.2.2.5.4 *Understanding/empathy*

Messages in the understanding/empathy category expressed understanding of the situation or disclosed a personal situation that communicated understanding to the member.

The first message emphasizes being “in the same boat” as the poster:

Well, I don't have anything helpful to tell you, except that I'm in the same boat. I've had very similar problems... Every place I go to is so expensive! I can't afford it... But I need it, so I'm not sure what to do from here...So, long story short, I understand your frustration. Can't afford diddly-squat and meanwhile, I'm miserable and only getting worse.

The second post discloses a personal situation of working with other survivors to communicate understanding and empathy to the original message poster:

I understand 100%! I also work with victims everyday for my job, and yet I have told exactly one person in my family a small part of my story. EVERYDAY I talk to victims and for victims, but in my family I have not crossed that hurdle. I would have froze too It is such a big thing to let my family in to see and know the real me, there has been so much pain, and so much not talked about with our family. I also am considered the “put together one”, so if I would even think about talking about myself and my issues, it would be quite a shock to my whole family. But that feels so fake and isolating, I am trying to figure out how to be real with my family and if they don't like it well, so be it

5.2.2.5.5 *Encouragement*

Posts of encouragement provide the poster with hope and confidence. The first message provides many instances of providing the poster with confidence, calling the poster “my hero!!!!”

You are doing the absolute BEST you can by bringing this to the authorities and potentially protecting more innocent children. How amazing and brave is that???? You are my hero!!!! If all of us could have had somebody like you in our lives, just think how much better this world could be. You are God's instrument in helping to make our world and our children safer. Focus on the good you are doing. God knows your heart, He knows. One day maybe I can be like you.

This post tells the poster “Don’t give up!” and conveys many messages of hope to the recipient:

I've been in the same situation all this last year! Give it time and it will change! Don't give up! I know it's draining...but you can do it! Baby steps! If you are getting so angry that you are finding yourself drained, be careful that it doesn't poison you, because the guy still has control over you...and you don't want him to have any sort of control over you! It will get better! And it's okay to be angry!

5.2.2.5.6 *Prayer*

In the final category, messages of prayer offered to pray with other members.

The following three posts present straightforward support in the form of prayer:

My heart aches for you and I wish I could say something to you to make you feel better. You are not alone, and even though I don't know you, I am with you.

I pray you find peace in this horrible situation.

It may not be socially acceptable to be vengeful, etc - but honestly, I feel so proud of you!

I'm praying for your family

I'm so sorry for your loss. You're in my thoughts and prayers during this difficult time.

5.2.2.6 Combinations of support types

It was common for posts to include more than one type of emotional support. For example, this quote included examples of advice, sympathy, encouragement, relief of blame, compliment, validation, and understanding. In this post, the member is responding to a poster's concern about hurting their mother with the knowledge of the true extent of his abuse.

It might come as a kind of relief to know what was going on, even as it hurt at the same time, and it would NEVER be your fault if she was hurt in any way because YOU didn't do that - the people who hurt you chose to hurt her too this way. There are inevitable ripples when someone does something so cruel to another human being ... I completely understand feeling responsible for them, but you're not - the people who hurt you are, entirely. I don't see you as disgusting or bad in any way, though I very much understand you feeling that way yourself after what you've been through. Your desire to tell your mum makes sense - be kind to yourself about that whether or not you choose to tell her more, OK? And if you do decide to tell her and she is hurt, try to remember it's not YOU doing the hurting. I hope one day you'll have the comfort you so deserve from her and from everyone around you. You're a great person - very strong and brave - and you're not at all disgusting or a disappointment to anyone who can see you clearly! It's not surprising if you can't see that yourself right now - my aunt once told me that it's very hard to see yourself when you're still up to your neck in s*it. But also that it's not YOU and it washes off. What happened to you isn't YOU. I know that's hard to feel - I hope it helps somehow to hear it from outside. With lots of love and care, and gentle good wishes.

These messages, and many of the examples presented above, were coded into multiple categories, depending on the social supports conveyed in the post. Therefore, one post, such as this quote, could be coded into multiple categories such as advice, sympathy, encouragement, relief of blame, compliment, validation, and understanding. The vast majority of posts contained multiple types of support, evidenced by the data, where 755 posts yielded a count of 2413 across the 22 codes²⁵.

Thus far, this chapter has presented the results of aim 1, which was to document the frequency of the various categories of support according to the Social

²⁵ For a detailed, worked example of the coding process please refer to appendix J.

Support Behavior Code and to provide textual examples of each type of support. This chapter will now present the findings of aim 2, which was to contextualize the findings of this study with the frequency of these social support categories in other studies examining online support communities.

5.2.3 Aim 2: Comparison of the frequency of social support categories in the present and other studies

The final aim of this study was to compare the use of Cutrona and Suhr's (1992) social support scheme by sexual violence survivors with its use in other, non-sexual abuse violence survivor contexts (namely, people with disabilities; Huntington's Disease and HIV/AIDS). There are several reasons for this comparison. Firstly, the framework was not created for the purpose of coding online data, so it is important to compare the findings of this study with other online studies to support the suitability of the code for application to a novel social support environment. Secondly, the serious lack of studies examining survivors' use of online support suggests that it is highly important to contextualize the findings of this study with other online support groups to ascertain if there are commonalities between online social support seeking (regardless of the type of life event for which people seek support), or if certain supports being sought are unique to survivors of sexual violence. It is important to identify whether there are differences or similarities between survivors and non-survivors in order to appropriately inform professionals and policymakers about the specific support needs of survivors.

Three other studies have been identified which have all used Cutrona and Suhr's (1992) framework to code posts for messages of social support on online support groups. Braithwaite *et al.* (1999) investigated the communication of social support in online groups for people with disabilities; Coulson *et al.* (2007) investigated social support within a Huntington's Disease online group; and Coursaris and Liu (2009) examined social support exchanges in online HIV/AIDS support groups. The following chart presents the frequency of the social support categories across the three other studies which utilized the Cutrona and Suhr's (1992) framework to code online social support forum messages.

Table 5.6: The frequency of Cutrona and Suhr's (1992) social support categories across studies

| SOCIAL SUPPORT CATEGORIES | STUDY 1 - BRAITHWAITE, WALDRON & FINN (1999) | STUDY 2 - COULSON, BUCHANAN & AUBEELUCK (2007) | STUDY 3 - COURSARIS & LIU (2009) | Yeager (2010) – Present study |
|----------------------------|--|--|----------------------------------|-------------------------------|
| Participants | Disabilities | Huntington's Disease | HIV/AIDS | Sexual Violence |
| INFORMATION SUPPORT | % OF TOTAL | % OF TOTAL | % OF TOTAL | % OF TOTAL |
| Advice | 31.3 | 56.2 | 29.1 | 21.2 |
| Referral | 5.2 | 41.4 | 14.2 | 8.7 |
| Situation appraisal | 1.4 | 21.5 | 2.8 | 3.2 |
| Teaching | 11.8 | 7.9 | 6.0 | 1.6 |
| | 12.8 | 19.5 | 9.7 | 7.7 |
| TANGIBLE SUPPORT | | | | |
| Loan | 2.7 | 9.8 | 0.5 | 2.2 |
| Perform direct task | 0 | 0 | 0.04 | 0 |
| Perform indirect task | 1.7 | 6.5 | 0.02 | 0.1 |
| Active participation | 0 | 0 | 0.1 | 0 |
| Express willingness | 0.001 | 3.7 | 0.0 | 0.2 |
| | 0.001 | 14.8 | 0.4 | 1.9 |
| ESTEEM SUPPORT | | | | |
| Compliment | 18.6 | 21.7 | 5.9 | 20.9 |
| Validation | 4.6 | 8.9 | 2.2 | 6.8 |
| Relief of blame | 13.2 | 12.9 | 3.5 | 12.3 |
| | 0.008 | 2.9 | 0.4 | 1.8 |
| NETWORK SUPPORT | | | | |
| Access | 7.1 | 48.4 | 5.2 | 13.1 |
| Presence | 1.2 | 40.3 | 0.3 | 0.2 |
| Companions | 1.7 | 11.8 | 3.7 | 1.0 |
| | 4.1 | 4.6 | 1.5 | 11.8 |
| EMOTIONAL SUPPORT | | | | |
| Relationship | 40.0 | 51.9 | 12.9 | 42.6 |
| Physical affection | 4.3 | 3.9 | 2.2 | 0.2 |
| Confidentiality | 7.1 | 2.3 | 0.9 | 7.6 |
| Sympathy | 0.003 | 7.1 | 0 | 0 |
| Understanding or empathy | 2.7 | 9.0 | 1.6 | 9.6 |
| Encouragement | 12.8 | 27.9 | 3.3 | 15.6 |
| Prayer | 11.5 | 30.2 | 4.5 | 9.4 |
| | 1.5 | 14.4 | 2.8 | 0.2 |
| NUMBER OF MESSAGES | 1472 | 1299 | 5000 | 755 |

Table 5.7 presents the data above more simply, in terms of the rank of overall category of support. The chart clearly illustrates how information and emotional supports rank highest across all of the studies, and tangible and network supports are lowest across all studies (except Coulson *et al.*, 2007, where esteem and tangible support rank lowest).

Table 5.7: Rank of overall category of support across studies using Cutrona and Suhr's (1992) framework²⁶²⁷

| Paper author | Braithwaite <i>et al.</i> (1999) | Coulson <i>et al.</i> (2007) | Coursaris & Liu (2009) | Yeager (2010) - Present study |
|--------------|----------------------------------|------------------------------|------------------------|-------------------------------|
| Rank 1 | Emotional | Information | Information | Emotional |
| 2 | Information | Emotional | Emotional | Information |
| 3 | Esteem | Network | Esteem | Esteem |
| 4 | Network | Esteem | Network | Network |
| 5 | Tangible | Tangible | Tangible | Tangible |
| Participants | Disabilities | Huntington's Disease | HIV/AIDS | Sexual Violence |

A comparison of two proportions (a two-proportion z-test) was used to compare the present study to the results of the studies presented in tables 5.6 and 5.7, as the samples were independent²⁸²⁹³⁰. In terms of information, the present study was found to be statistically different from study 1 ($p=0.000$), study 2 ($p=0.000$), and study 3 ($p=0.000$)³¹. This result suggests that the survivors in this study are significantly different in their levels of reported informational support from the participants in the other studies (participants with disabilities, Huntington's Disease and HIV/AIDS). The survivors' online posts contained significantly less information support than across these studies, which suggests that informational-based support is less important for survivors of sexual violence than for people with disabilities, Huntington's Disease, or HIV/AIDS.

²⁶ Rankings are based on raw percentages of posts coded in each category (as presented in table 5.6).

²⁷ Cutrona and Suhr's (1992) study focused on offline, marital dyads. The results of their study are therefore not relevant for inclusion here.

²⁸ Other than this section, the data in this study cannot be analyzed quantitatively. As there are no baseline characteristics associated with this data (e.g., gender, age, etc.), it is not possible to perform statistical analysis establishing any associations outside of the frequencies of the 5 main categories and twenty-two subcategories. Notably, the three papers that performed a similar study (i.e. Braithwaite *et al.*, 1999; Coulson *et al.*, 2007; and Coursaris & Liu, 2009) also did not perform a quantitative analysis (presumably due to the same reasons highlighted here). However, this is not a major limitation as the research aim for this study (to specifically understand what kinds of support are exchanged on Survivors Online in terms of quantity and quality in the survivors' own words) was qualitatively focused. As a result, the corresponding content analysis is fundamentally qualitative as demanded by the research question.

²⁹ Minitab was used to perform the calculations.

³⁰ See appendix K for more information on the statistical test.

³¹ All of the statistical tests in this study were conducted using Bonferroni adjusted p levels of 0.017 (0.05/3) in order to prevent inflating the alpha rate due to conducting multiple tests (De Veaux, Velleman & Bock, 2011).

The present study was not found to be statistically different from study 1 ($p=0.497$, disabilities) in terms of tangible support, but was significantly different from study 2 ($p=0.000$, Huntington's Disease) and study 3 ($p=0.000$, HIV/AIDS). The sexual violence survivors' posts containing tangible support (2.2%) were very similar to Braithwaite *et al.*'s (1999) disabilities study (2.7%), much less than the Huntington's Disease study (9.8%) and more than the HIV/AIDS study (0.5%). This suggests that survivors of sexual violence and people dealing with disabilities have similar levels of tangible support needs.

In terms of esteem support, this study was not found to be statistically different from study 1 ($p=0.197$, disabilities) or study 2 ($p=0.676$, Huntington's Disease), which contained very similar levels of esteem support (18.6% and 21.7% respectively). However, the survivors' posts (20.9%) were significantly different from study 3 ($p=0.000$, HIV/AIDS), which contained very low levels of esteem support (5.9%) in comparison to the survivors' posts (20.9%). This suggests that participants across all of the studies have similar levels of esteem needs (except for the low level of esteem needs displayed by the HIV/AIDS study).

Network support shows that the present study was found to be statistically different from study 1 ($p=0.000$, disabilities), study 2 ($p=0.000$, Huntington's Disease), and study 3 ($p=0.000$, HIV/AIDS). The levels of network support in this study were significantly higher than for the participants with disabilities and HIV/AIDS, and significantly lower than those with Huntington's Disease, suggesting that survivors of sexual violence have higher levels of network support needs than people with disabilities and AIDS, and lower levels of network support needs than those with Huntington's Disease.

Finally, the present study was not found to be statistically different from study 1 ($p=0.232$, disabilities) and study 3 ($p=0.000$, HIV/AIDS), but was significantly different from study 2 ($p=0.000$, Huntington's Disease) in emotional support. The levels of emotional support were similar across all studies, except the HIV/AIDS study, which yielded much lower levels. The significantly similar

levels of emotional support suggest that people with disabilities (40% of posts has emotional support content), Huntington's Disease (51.9%), and sexual violence (42.6%) need high levels of emotional support, while those with HIV/AIDS do not require such a high level of emotional support (12.9%). Table 5.7 presents the categories of support across these four studies in terms of the rank of overall category of support (rank is determined by frequency).

While there are differences between the levels of the various supports across these studies, the ranking in table 5.7 shows that the dominating presence of emotional support (followed by informational and esteem support) in the present study is consistent with these other studies. Similarly, esteem support ranked third in the present study, as well as in two of the other three studies, followed by network and tangible support. In all of the four studies emotional and informational support ranked either first or second. However, it is important to note that the difference in rank between information and esteem support is small (21.2% and 20/9% respectively), suggesting that these forms of support were almost equal in occurrence on Survivors Online. This is not surprising since the populations across the comparison studies are people with physical conditions. Sexual victimization, on the other hand, is not a physical illness. Validation and relief of blame are two subcategories of esteem support that are particularly important forms of social support for survivors of sexual violence, whereas these supports may not be as essential to the participants across the other studies. The significance of these findings will be further considered in the discussion.

5.3 Discussion

The results of this study provide an indication of the types of computer-mediated social support that are exchanged between members of a support group for survivors of sexual violence. In particular, emotional, informational and esteem support were the more frequently provided, and appeared to be associated with the coping challenges faced by survivors of sexual victimization.

5.3.1 Prevalence of supports in this study

The high prevalence of emotional support in this study (accounting for 42.6% of the total codes) highlighted the important function of Survivors Online as a vehicle for providing members with encouragement (9.4%), sympathy (9.6%), and understanding and empathy (15.6%), the most common subcategories of emotional support within the posts on the “My Voice” forum. This is particularly important considering the evidence that poorer adjustment to trauma is related to lower levels of social support (Frazier *et al.*, 2004). The large amount of emotional posts in this study support the findings of research studies which bolster the theory that online communication can provide meaningful social and emotional support similar to offline relationships (Eastin & LaRose, 2005; Finfgeld, 2000; Finn & Lavitt, 1994; Horrigan & Rainie, 2002).

Informational support was the second most common form of support represented in 21.2% of posts. A large amount of emotional and informational support is also reported by Moursund (1997) in her investigation of an online group for survivors of sexual violence. While Moursund (1997) did not employ the same coding framework, she nevertheless noted that most of the messages consisted of messages of companionship (specifically, talking about problems and sharing experiences), followed by the sharing of information (mainly about coping strategies).

Additionally, while this study did not examine the accuracy of the information exchanged between members online, it is notable that no blatant errors were

apparent in the information exchanged between members during the coding process. Researchers have previously highlighted concerns related to the potential for the distribution of misleading or incorrect information on online sites; however this was not apparent in the present study (Klemm et al., 1998; Winzelberg, 1997).

The prevalence of information and emotional support in the present study (and the comparison studies presented in table 5.6) is also consistent with content analyses of social support forums which do not specifically use Cutrona and Suhr's (1992) framework to analyze posts on online forums. Again, information and emotional support have been reported as the most prevalent forms of social support across a variety of other studies investigating torn knee ligaments (Preece, 1999), eating disorders (Winzelberg, 1997), irritable bowel syndrome (Coulson & Knibb, 2005), type I diabetes (Ravert *et al.*, 2004), prostate cancer (Gooden & Winefield, 2007), and cancer (Weinberg *et al.*, 1996; Klemm *et al.*, 2003).

Cutrona and Suhr's (1992) optimal matching model of social support suggested that emotional support is more likely to be offered when the person is distressed about events that are not controllable. By contrast, informational support is most common when the person can control the situation and use the information productively. This may explain why informational support was ranked highest among people with Huntington's Disease and HIV/AIDS, where medical information may be of most importance (whereas it ranked as second most important for survivors of sexual violence and people with disabilities). For example, in their study of an online HIV/AIDS support group, Coursaris and Liu (2009) argue that participation in an online support group "is very likely to improve the coping ability and self-efficacy of individuals with HIV/AIDS by providing them with HIV-related knowledge, advice and evaluations" (p.917). Indeed, information support was ranked highest in this study. In the present study (and comparison studies in table 5.6), the high level of emotional support (42.6%) supports Cutrona and Suhr's optimal matching model, as most members of Survivors Online are distressed about uncontrollable events related to the

experience or sequelae of sexual victimization. This was followed by information support (21.2%) where members provided each other with advice (8.7%) and teaching (7.7%) specifically related to coping with the trauma experienced by victimization.

Following emotional and information support, esteem support accounted for 20.9% of the total codes (which was almost equal in occurrence to the 21.2% if informational posts). The primary focus of esteem support posts was to validate a member's feelings and experiences (12.3%), followed by compliments (6.8%). Many posts included messages of validation, along with a compliment to the member to further boost their agreement with the person's perspective (e.g., "I totally agree with what you did, you are so brave!"). This provision of esteem support is also reflected in the literature, suggesting that those who are most effective at providing support may be people who are experiencing the same life stress and can therefore match the support needs of the survivor (Braithwaite, Waldron & Finn, 1999; Coulson, 2005; Finn & Lavitt, 1994). In this way, the "fellow survivors" on the board have a personal perspective on the issues posted, and can therefore validate other members' experiences by having "been there" themselves.

Previous research has highlighted that online support groups provide a novel opportunity for survivors to disclose to people experiencing similar life events, therefore reducing the highly-damaging risk of being blamed or misunderstood (Finn & Lavitt, 1994). Generally, researchers report that self-blame is positively correlated with increased suffering for survivors, whereas validation is associated with better coping (Orbuch *et al.*, 1994; Wyatt & Newcomb, 1990). Somewhat surprisingly then, relief of blame accounted for only 1.8% of posted messages. This is mostly likely due to two issues; firstly, very few new members posted on this forum (and the messages that did contain blaming posts were from new members). Secondly, other forums may be more likely places to have posts relating to the relief of blame (see appendix F for a complete list of forums on Survivors Online). The "My Voice" forum is described on Survivors Online as the place to "share, seek help, discuss survivor-related issues: the main forum".

Alternatively, other forums located in “The Main Area” invite members to tell their story (“My story” forum) or to introduce yourself and welcome new members (“Introduce yourself” forum). Additionally, the “Moving forward” forum specifically states that “crisis, self-blame, and drama free, the focus of this forum is on the further steps in healing and how to get there”. These forums are more likely to contain newer members introducing their story and experiences to other members for the first time, or to attract members struggling with self-blame related to their victimization, possibly accounting for the low occurrences of self-blame posts in the present study.

Despite the low incidence of messages dealing with the relief of blame explicitly, it is possible that message of validation, for instance, functioned to alleviate feelings of self-blame that were not necessarily highlighted explicitly in the post. For instance, one member’s post of validation states, “I know it's cliché, but it's true and we have to be reminded: you did nothing wrong. You are not disgusting or bad. Be good to yourself”. While this post does not contain a direct message of alleviating blame, it may have the secondary effect of doing so for the member through the process of validation. As we have seen, the process of social support is highly complex, multi-dimensional and personal (Cobb, 1979; Cutrona & Russell, 1987; Sarason *et al.*, 1987; Stewart, 1993).

As the present study did not examine the interpretation of these messages from the viewpoint of the recipients themselves, we cannot assume what the support meant, on a personal level, to the member. As Finn and Lavitt (1994) argue, online support groups reduce the risk of being blamed or misunderstood by increasing the likelihood that the person reading the post has also experienced a similar concern. It is therefore conceivable that any supportive quote could have the function of alleviating blame (on some level) for the survivor. Future research should consider matching data coded by the researcher to descriptions

of how the online members perceive and understand the supportive messages they receive³².

Network support (13.1%) ranked fourth (out of five), and often involved members reinforcing the availability of support and help to others, particularly new members. This accounted for 11.8% of the 13.1% of posts. After this initial reinforcement of the availability of support to new members, network support decreased dramatically in subsequent postings. Network support was quite rare in the present study, as it was in Cutrona & Suhr's (1992) study (see figure 4.7). Network support was also quite low in Braithwaite *et al.* (1999) and Coursaris and Liu's (2009) studies. While this finding appears to disagree with the research arguing that support is increased among people experiencing similar life stresses (Yalom, 1995) there is another likely explanation for apparently low levels of network support. The obvious reason is that participation in an online support group meets network support needs, so members do not make the availability and presence of support a focus of messages posted on the site.

With the least amount of postings (2.2%), the primary focus of tangible support posts focused on messages portraying a willingness to help (rather than concrete offers of specific intervention). The occurrence of these types of support were noticeably less than the other categories, most likely due to the nature of online communication, the anonymity and confidentiality afforded through the forum, and the fact that many of the members may be physically located anywhere from a few miles apart to continents apart. Due to the nature of online communication there were no posts offering loans or performing indirect tasks for members (this involves taking over a member's responsibilities while under stress). This finding was also common across the other studies using Cutrona and Suhr's (1992) framework to code messages of online support where tangible support

³² While this is a recommendation for future research it would not have been possible in the present study due to the nature of the ethical clearance for this research. Permission granted by the moderators to perform a content analysis on the site required that the anonymity of members be protected at all times. Part of this requirement was that only the moderators would directly contact site members for permission to use their quotes, etc. and that the researcher would not directly contact members.

was by far the least common form of social support offered (Braithwaite *et al.*, 1999; Coulson *et al.*, 2007; Coursaris & Liu, 2009).

For instance, in the present study, only three posts offered to perform a direct task, and four posts offered to join members in activities to reduce their stress, but these active participation messages were symbolic in nature, rather than actual offers of tangible support (e.g., “I will be a pocket rider if that helps at all”). Of the 2.2% of posts related to tangible support, 1.9% of the posts (almost all) were expressions of willingness to help other members. These all took the form of offering to “be there” for other members by replying to emails and PMs (private messages). This is most likely to the nature of online support, where members are not likely to know each other outside of the online context, and may not even live on the same continent. This makes providing practical, tangible support less likely in online groups (Braithwaite *et al.*, 1999; Coulson *et al.*, 2007; Coursaris & Liu, 2009).

As reported previously, the majority of posts coded in this study contained multiple categories of social support, and were therefore coded into multiple categories where this occurred. This prevalence of coding posts into multiple categories strongly supports the extensive literature describing social support as a complex and multifaceted concept (Cobb, 1979; Cutrona & Russell, 1987; Sarason *et al.*, 1987; Stewart, 1993). The initial 755 posts yielded a total count of 2413 across the 22 codes; as each post contained multiple types of social support this suggests that social support conveyed on Survivors Online is multifaceted. Additionally, research has shown that psychosocial sequelae resulting from experiences of sexual victimization leads to similarly diverse and individual support needs (Briere & Jordan, 2004; Yuan *et al.*, 2006), further accounting for the multiple categories of social support found within posts.

5.3.2 The social support needs of survivors (as compared to people with disabilities, Huntington's Disease, and HIV/AIDS)

The final aim of this study was designed to contextualize the findings of this study with previous research using Cutrona and Suhr's (1992) coding framework for use with the online coding of support messages. This was designed to ascertain if there are commonalities between online social support-seeking (regardless of the type of life event for which people seek support), or if certain supports being sought are unique to survivors of sexual violence.

The utilization of an existing coding scheme also allowed for the current study's findings to be compared to the findings of other studies examining online social support. As previously reported, the findings of the current study are similar to the results of Braithwaite *et al.*'s (1999) study of people with disabilities; Coulson *et al.*'s (2007) study of a Huntington's Disease online group; and Coursaris and Liu (2009) examination of social support exchanges in online HIV/AIDS support groups (statistically the participant groups in each of the studies did not differ from each other on measures of social support using the Social Support Behavior Code).

Statistically, a two-proportion z-test was used to compare the present study to the results of these studies. This statistical analysis suggests that while people coping with a variety of life experiences (sexual violence, disabilities, Huntington's Disease and HIV/AIDS) share social support needs, certain support needs are unique to survivors of sexual violence. The survivors' online posts in the present study contained significantly less information support than across these studies, which suggests that informational-based support is less important for survivors of sexual violence than people with disabilities, Huntington's Disease, or HIV/AIDS. Survivors were found to have similar levels of tangible support needs as people with disabilities, and similar levels of esteem needs as people with disabilities and Huntington's Disease. Survivors of sexual violence have higher levels of network support needs than people with disabilities and

AIDS, and lower levels of network support needs than those with Huntington's Disease. Finally, levels of emotional support were similar across all studies, except the HIV/AIDS study, which yielded much lower levels. Contextualizing the findings of this study with other online support groups helps to identify the specific support needs of survivors.

Only two previous studies in the literature have examined the use of online support by survivors of sexual violence over a decade ago. The first, conducted by Finn and Lavitt (1994), highlights potential advantages and disadvantages for survivors using online social support groups. The second study, conducted by Moursund (1997), coded posted messages for social support content (as in the current study), although Moursund did not use an existing coding scheme. While both the present study and Moursund (1997) found that the majority of posts contained information related to emotional and informational support (followed closely by esteem support in the present study), it is still important to further contextualize the findings of this study with other online support groups to ascertain if there are commonalities between online social support seeking (regardless of the type of life event for which people seek support) or if certain supports being sought are unique to survivors of sexual violence. The subsequent section will examine this issue in more detail.

5.3.3 Unique support needs of survivors in the present study

The dominating presence of emotional support (double that of informational and esteem support) in the present study is consistent with these other studies (as displayed in table 5.6 and the previous statistical analysis), which supports the research arguing that social support acts as a buffer to life stress in general (Cutrona & Russell, 1987, 1990; Thoits, 1995). In other words, regardless of whether the person is seeking social support for dealing with disabilities (Braithwaite *et al.*, 1999), Huntington's Disease (Coulson *et al.*, 2007), HIV/AIDS (Coursaris & Liu, 2009), or sexual violence (present study), emotional support is highly important.

Looking now at supports where the survivors of sexual assault in this study have differed from these comparison studies in table 5.6, there are some categories where survivors appear to have unique support needs (namely, in terms of physical affection; situation appraisal; and companions). Within the overall category of emotional support, physical affection was reported much more often in the present study and disability online group than in the other online groups. This is a somewhat surprising finding as research has argued that a common repercussion of experiencing sexual violence is resisting physical contact (Briere & Runtz, 1990; Fleming *et al.*, 1999; Wyatt, 1990). Conversely, many self-help groups have argued that survivors may experience a strong need for physical contact and comfort after assault (e.g., Living Well, 2010; Yarrow Place, 2005). For instance, a self-help book about a survivor's experiences of coping with rape states:

By destroying my ability to control my own body he had made my body an object. I lost a sense of it as a boundary of self, the fundamental and most sacred borders...Touch that respects bodyright is healing; it restores the autonomy and authenticity of the self (Raine, 1999, p.163).

Raine's (1999) quote clearly emphasizes the sense of physical betrayal experienced with sexual assault, as well as the need for non-sexual, comforting, physical contact after victimization. Additionally, controllability is one of the most commonly highlighted advantages of online support (Coulson, 2008),

which may reflect the importance of receiving physical affection from what is perceived as “safe” people in a secure, controllable environment.

Within the informational support category, the posts in the present study generally contained less direct advice and situation appraisal than the other studies (see table 5.6). In other words, the members of Survivors Online were less likely to suggest reassessing or redefining the situation than the members of the disability, Huntington’s Disease, or HIV/AIDS support groups. In other words, these posts attempted to reconstruct the situation for the member so they could look at the issue a different way. This may be explained by survivors respectfully wanting to allow other survivors to find their own path in coping and to not appear as criticizing a fellow member by “telling” them they should view the situation another way. Such beliefs are represented on online survivor resource pages and in self-help books. For instance, the following quote appears as advice on a website run by one of the moderator’s on Survivors Online (Surviving to Thriving, 2002, para. 4):

The best advice I can give you is to follow your own path. You are the one who can decide what will work for you. Friends and family might offer suggestions and ideas or think that they know what is best for you, but only you can decide what will help you heal.

In terms of network support, the category of companions was statistically significantly higher in the present study than across the other studies. Posts in the category of companions reminded the person of the availability of companions and others who fulfill a similar role. This suggests that companion support is particularly needed for survivors of sexual violence, and reflects the sense of isolation and marginalization often experienced by survivors (Finn & Lavitt, 1994; Herman, 1997; Moursund, 1997).

Overall then, there are some distinct similarities concerning social support needs between groups of people suffering with a variety of life stresses (specifically as regards emotional support). However, there also appear to be support needs that are specific to survivors of sexual violence that deserve attention and further investigation. Specifically, professionals working with survivors of

sexual violence should be sensitive to issues of physical affection, situation appraisal and companions. It is important to recognize that some survivors may want and need physical contact or comfort after assault; that mental health professionals may need to facilitate situational appraisal based on the survivors' own terms (rather than attempting to take control and inform the survivor about how they should view the world); and ensure that the survivors is aware of the availability of companions and supports.

5.3.4 Limitations of the present study and future research

This study was primarily exploratory in nature and analyzed messages posted to one online forum. While this forum is clearly the most active and populated on the Survivors Online site, it is not known if the results of this study are generalizable to other online groups of sexual violence survivors. Future research should compare content analysis of posts from more than one forum to assess the quality and quantity of exchanged social support across forums. This would help to establish if the findings of the present study are representative of social support in other forums on the site

Similarly, this study focused on one message board within the Survivors Online forum. The “My Voice” message board is the busiest on Survivors Online, and was therefore selected for this study. However, it would be of interest to compare the results of this study to similar content analysis of other message boards within Survivors Online, again to see if the quality³³ and quantity of posted messages remains consistent.

As previously discussed, this study did not examine the site members’ conceptualizations of the support they received or provided in their posts. Future research should consider the possibility of “member checks” where participants are asked to comment about the social support content either of the posts they create or the posts they receive.

³³ Quality refers to the category of social support as described by the Social Support Behavior Code framework.

5.4 Conclusion

Overall, this data strongly suggests that the online seeking of social support for survivors of sexual violence warrants attention by researchers, mental health practitioners and policymakers. Additionally, this data can inform as to the best method for helping survivors post-assault by highlighting the specific social supports that are needed by survivors of sexual violence. Both emotion and information support play a strong role in affording support on Survivors Online. This suggests that professionals working with survivors of sexual violence should consider that online support sites might therefore become an important method for conveying coping advice and messages to survivors of sexual violence. This is particularly important when we consider that a significant amount of survivors do not disclose their abuse to authorities (Arata, 1998; Koss, 1993; Koss *et al.*, 1994) or seek help from crisis centers (Koss, 1985), but need support to cope.

The literature has provided compelling evidence that support groups are beneficial in alleviating the psychosocial sequelae related to stressful life events through the provision of social support (Braithwaite *et al.*, 1999; Coulson, 2008; Finn, 1999; Preece & Ghazati, 2001; Malik & Coulson, 2008; Winzelberg, 1997), which is reinforced by the large volume of emotional support contained in the posts. This study suggests that online support groups present a beneficial support option for survivors of sexual violence. Research has shown that survivors are often crippled by the need for understanding, empathy and validation as a result of their experiences (Orbuch *et al.*, 1994; Wyatt & Newcomb, 1990), and these needs are demonstrated to be met via Survivors Online. This data can be used to inform about how online support may be utilized to promote the welfare of survivors by paying careful attention to the specific needs of survivors (particularly in terms of their need for emotional, informational and esteem support after assault).



Chapter Six:

Study Three - A content analysis of an Internet usage survey with survivors of sexual violence

6.1 Introduction

Study one provided an understanding of why the survivors have turned to Survivors Online for support, and what was lacking in their traditional supports that contributed to this decision. Study two subsequently described the kinds of support exchanged between members in order to provide an understanding of the actual support provided and received online. As a result, the research aim of the present study (study three) is to assess how survivors practically use the Internet to cope with their sexual victimization (e.g., do they use email, chat rooms, etc.).

Study three was a content analysis of an Internet usage survey with members of Survivors Online. The survey was designed by the researcher and described in section 3.3.3.2 of the methodology chapter. A survey was administered online containing questions relating to the members' demographic background and usage of Survivors Online in coping with their sexual victimization. Specifically, the survey examined the role of online social support groups in meeting the social support needs of survivors from the point of view of the members themselves in terms of 1) the type of Internet usage (e.g., email, chat rooms, etc.); 2) effects of usage on the survivors (such as whether the support site has changed how they use conventional methods of support); and 3) how the support received is viewed by the members of Survivors Online (in terms of the perceived best and worst aspects of Internet support). Investigating the role of an online support group for survivors in this way will help inform about how and why the survivors specifically use Survivors Online to achieve their social support needs and contributes to the overall thesis aim of understanding how survivors access and participate in online support groups.

6.2 Results

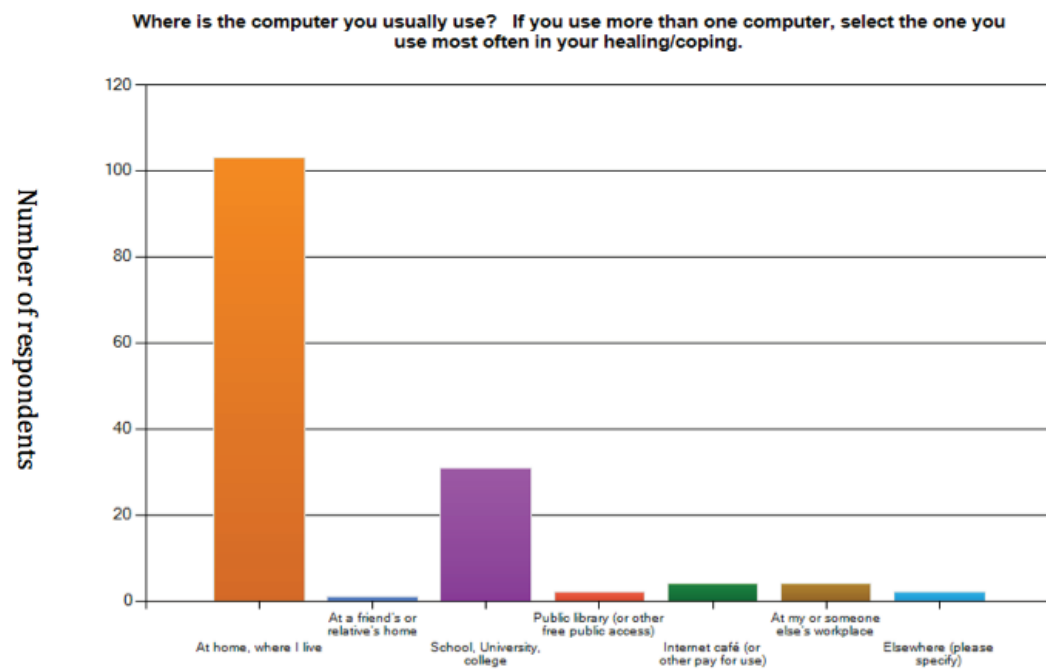
102 surveys were analyzed using content analysis. As highlighted in section 3.3.3.1 of the methodology, of the 102 participants 16% (n = 16) were male and 84% (n=84) were female; the majority had completed some college or university (41%, n=41); and the majority of participants were employed full-time (36%, n=36). The vast majority of the sample (75%) was aged between 18-30.

6.2.1 Aim 1: Type of usage

Aim 1 assessed the type of Internet usage engaged in by survivors in seeking social support online. The first five questions, related to type of usage, asked participants about the practical ways in which they used the Internet to seek social support. Almost 82% of participants were likely to use a computer located in their home, followed by 24.6% using a computer at school or college as the second most likely location (see figure 6.1), which was unsurprising considering that 75% of the sample was aged below 30. Most respondents used bulletin boards or discussion lists as the most common form of Internet facility in their coping with sexual victimization (70.5%), followed by search engines (e.g., Google, Yahoo, etc.) (36.9%), and Instant Messenger programs (35.2%). Web cam or web phones were the least-likely facility to be used, at 0.8% (see figure 6.2)³⁴.

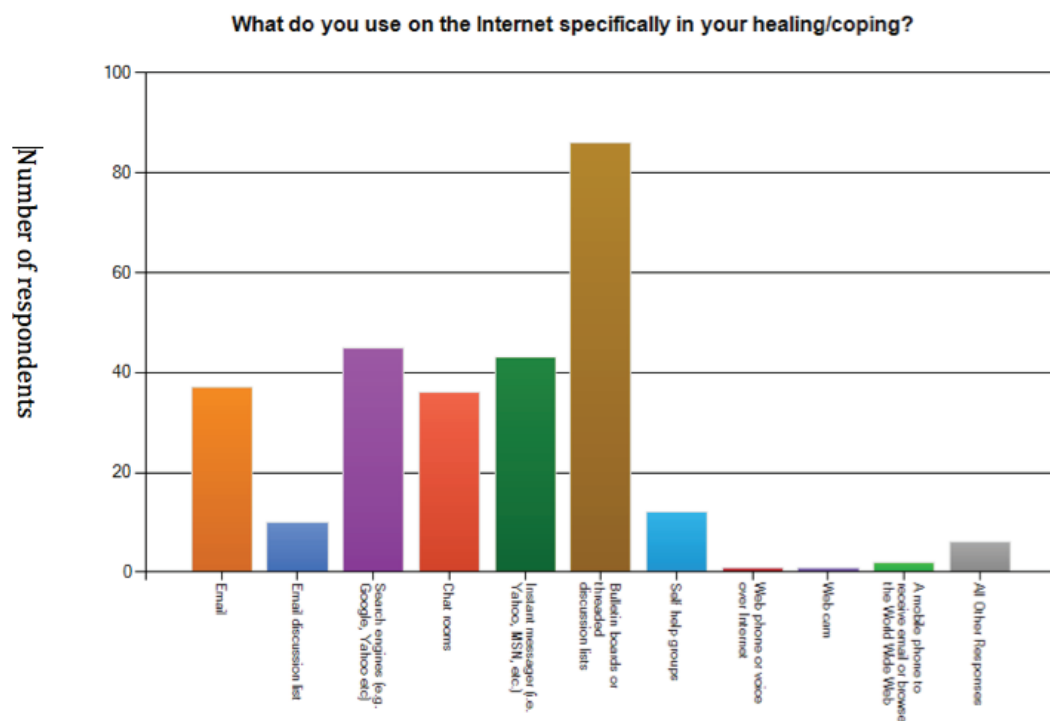
³⁴ These categories are not exclusive (e.g., respondents could select more than 1 response), so categories do not total 100%.

Figure 6.1: Computer location



Computer location

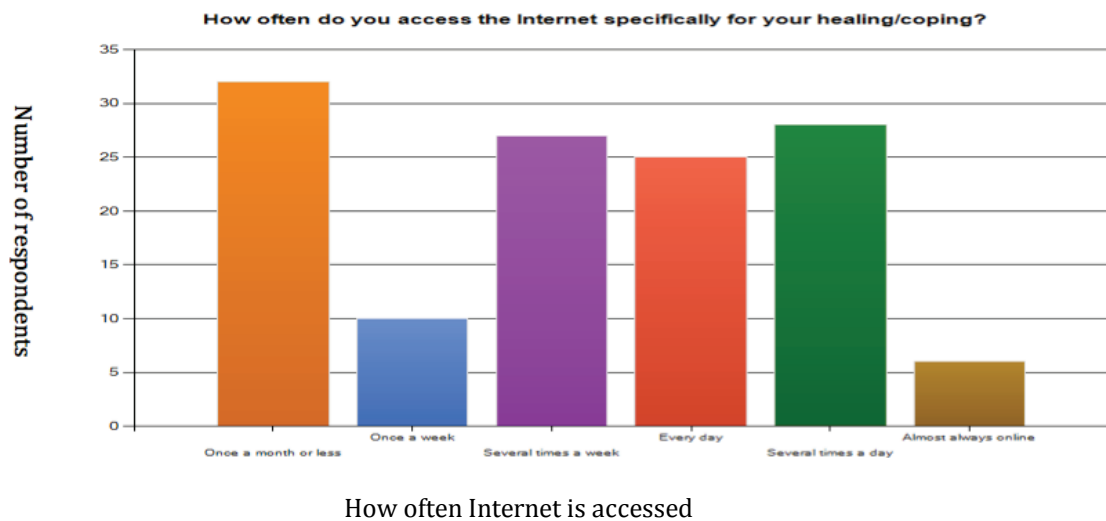
Figure 6.2: Internet facility most often accessed



Types of Internet facility

In figure 6.3, when asked how often they accessed the Internet specifically for coping, respondents were most likely to do so once a month or less (26.2%), followed by several times a week (22.1%); every day (20.5%); and several times a day (23%)³⁵.

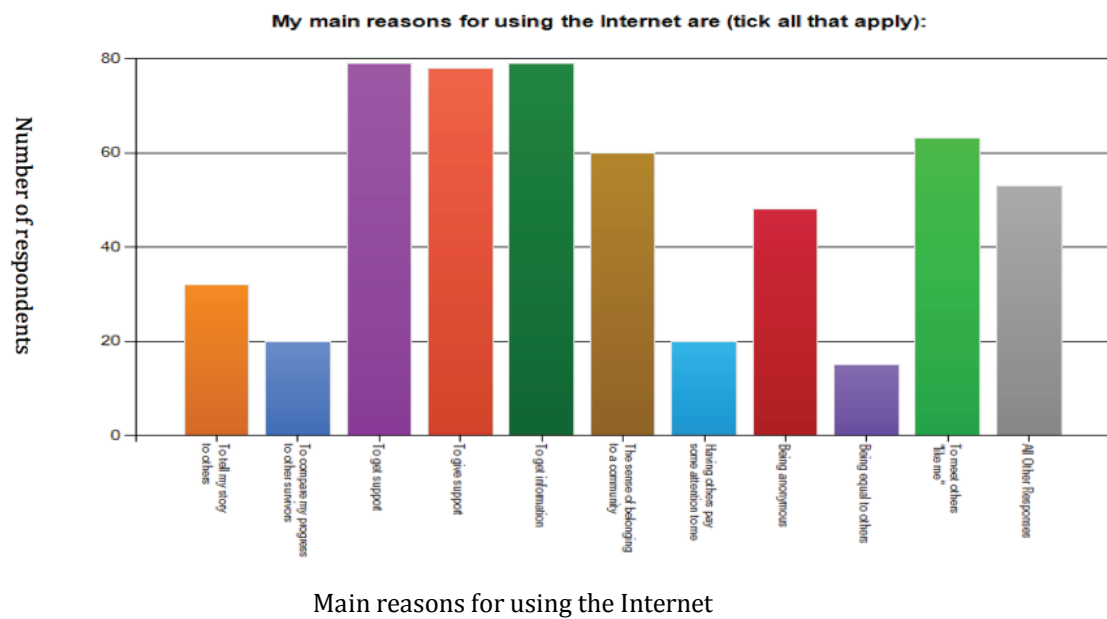
Figure 6.3: How often participants access the Internet for coping



When asked about their main reasons for using the Internet (members selected all options that applied to them), the majority responded to get support (65.3%); to give support (64.5%); or to get information (65.3%) (figure 6.4).

³⁵ Nine respondents did not complete this question.

Figure 6.4: Participants' main reasons for using the Internet



6.2.2 Aim 2: Effects of usage

The questions concerning effects of usage assessed whether using the Internet to aid in coping has changed how much members spent time in other activities. Firstly, participants were asked, “Do you use the Internet for healing/coping?” more than; less than, or about the same as a) talking to friends; b) visiting a mental-health practitioner; or c) reading self-help books by gender³⁶ (presented in table 6.5).

³⁶ The statistical analysis examined by gender in order to assess if there were differences between men and women in the present sample. It was important to examine if gender differences were present in order to contextualize the present study's findings with previous literature suggesting that gender differences may exist in how and/or why men and women seek online support (Sullivan, 2003; Gooden & Winefield, 2007), and in how men and women are affected by sexual violence (e.g., Dhaliwal *et al.*, 1996).

Table 6.5: How participants use the Internet for coping

| | Talking to “real life” friends | | Visiting a therapist, etc. | | Reading self-help books | |
|--------------------------|--------------------------------|-----------|----------------------------|------------|-------------------------|------------|
| | Male | Female | Male | Female | Male | Female |
| More than | 48 (62.3%) | 9 (64.3%) | 47 (61.8%) | 12 (85.7%) | 50 (62.5%) | 12 (85.7%) |
| Less than | 17 (22.1%) | 2 (14.3%) | 15 (19.7%) | 1 (7.1%) | 15 (18.75%) | 0 (0%) |
| About the same as | 12 (15.6%) | 3 (21.4%) | 14 (18.4%) | 1 (7.1%) | 15 (18.75%) | 2 (14.3%) |
| Total | 77 | 14 | 76 | 14 | 80 | 14 |

There was no statistical difference between men and women in terms of their likelihood to use the Internet more than ($p=1.000$), less than ($p=0.726$), or the same as ($p=0.695$) talking to real-life friends; visiting a therapist (more than $p=0.126$, less than $p=0.450$, about the same as $p=0.450$); nor reading self-help books (more than $p=0.128$, less than $p=0.116$, about the same as $p=1.000$ ³⁷³⁸³⁹). Men and women were therefore similar in how they used the Internet for coping.

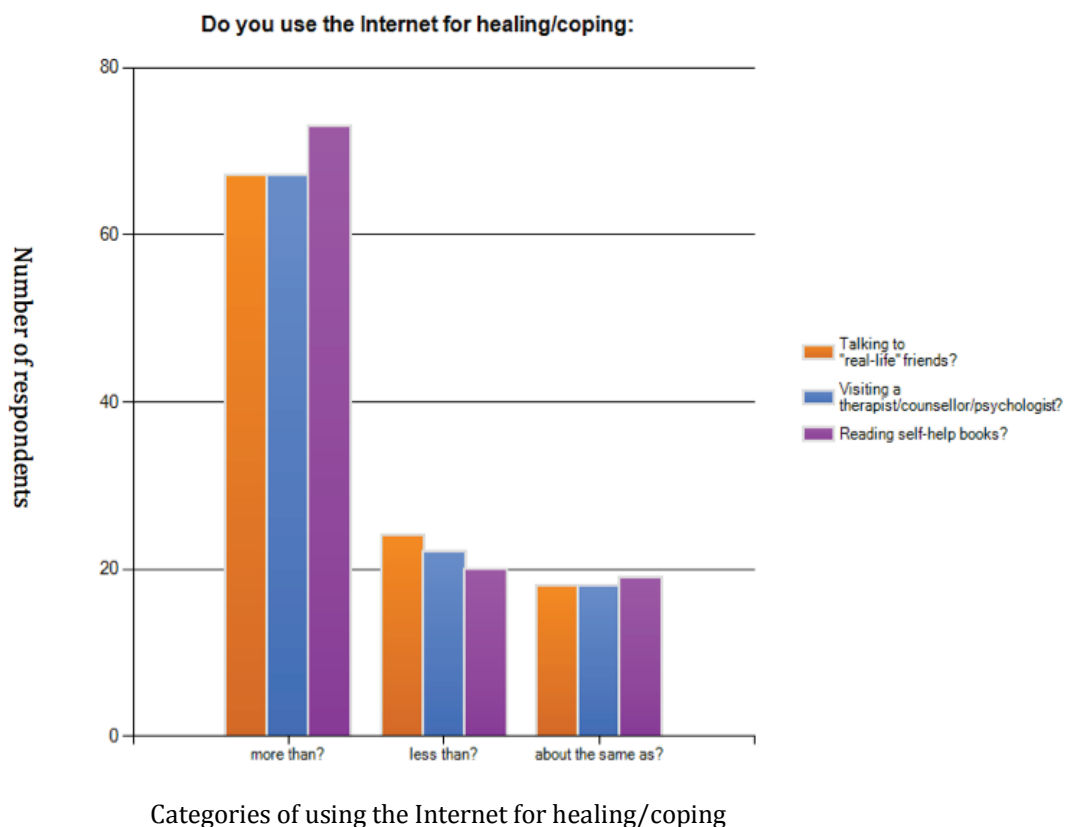
Examining the group as a whole (e.g., not broken down into gender categories), figure 6.6 presents overall members’ responses to the same query. The graph clearly shows that respondents were more likely to use the Internet for coping than taking to real-life friends (67%), visiting a mental health practitioner (67%), or reading self-help books (73%). This illustrates that respondents are more likely to access support and information via the Internet than traditional, offline sources.

³⁷ Due to the small number of males in this study all reported p values are yielded from Fisher’s exact test calculations to assess whether a relationship exists between gender and various categories investigated in this study.

³⁸ The statistical tests were conducted using Bonferroni-adjusted p levels of 0.01 (0.05/9) in order to prevent inflating the alpha rate due to conducting multiple tests (De Veaux *et al.*, 2011).

³⁹ Refer to appendix N for more information on the statistical test.

Figure 6.6: How participants use the Internet for coping



For the following three questions (presented in table 6.7), participants were asked, “Has using the Internet changed how satisfied you feel with your general health; contact with family or friends; and overall happiness?”

Table 6.7: How the Internet has changed participants’ health, contact and happiness in percentages

| | General health | Contact with family and friends | Overall happiness |
|-----------|----------------|---------------------------------|-------------------|
| Better | 32 (31.7%) | 34 (33.7%) | 65 (64.4%) |
| No change | 63 (62.4%) | 61 (60.4%) | 34 (33.7%) |
| Worse | 6 (5.9%) | 7 (6.9%) | 2 (2.0%) |

*99 of the 102 responded (97%).

Table 6.7 clearly illustrates that the majority of respondents reported no change to their general health since utilizing the online support site for coping (62.4%), with a similar “no change” result for contact with family and friends (60.4%). However, there were also a similar section of respondents who reported that

their general health and contact with family and friends was “better” since using the Internet for coping (31.7% and 33.7% respectively). For overall happiness, 64.4% reported that their overall happiness was better, with 33.7% reporting no change. Across all categories, a small subsection of the respondents reported that their general health, contact with family and friends, and overall happiness was worse since using the Internet for coping (5.9, 6.9, and 2% respectively).

Table 6.8 presents this data broken into categories of males (n=16) and females (n=83).

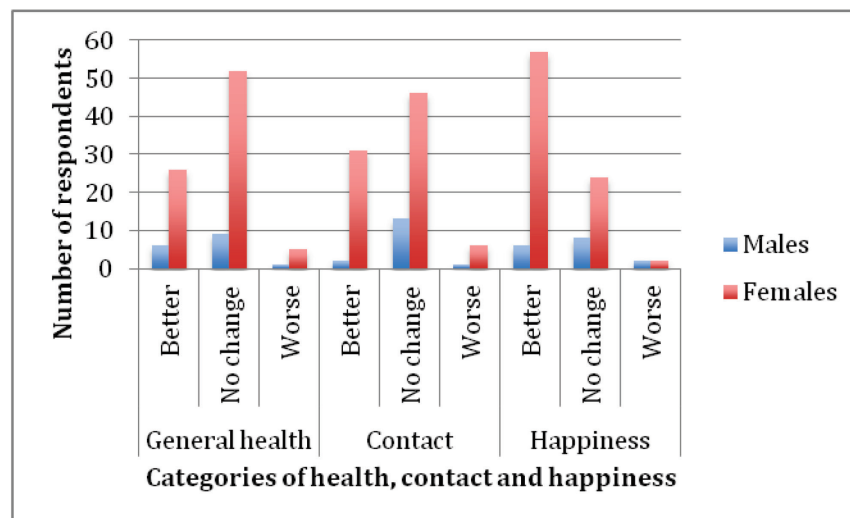
Table 6.8: How the Internet has changed participants’ health, contact and happiness in frequencies and percentages by gender

| | General health | | Contact with family and friends | | Overall happiness | |
|-----------|----------------|---------------|---------------------------------|---------------|-------------------|---------------|
| | Males | Females | Males | Females | Males | Females |
| Better | 6 (37.5%) | 26 (31.3%) | 2 (12.5%) | 31 (37.3%) | 6 (37.5%) | 57 (68.7%) |
| No change | 9 (56.3%) | 52 (62.7%) | 13 (81.3%) | 46 (55.4%) | 8 (50.0%) | 24 (28.9%) |
| Worse | 1 (6.3%) | 5 (6.0%) | 1 (6.3%) | 6 (7.2%) | 2 (12.5%) | 2 (2.4%) |
| Total | 16 | 83 | 16 | 83 | 16 | 83 |

*99 of the 102 responded (97%).

Graphically, this data is presented in figure 6.9:

Figure 6.9: How the Internet has changed participants' health, contact and happiness by gender (graph)



Of the 16 male respondents, the majority reported no change in their general health (56.3%); contact (81.3%); and overall happiness (50.0%). Only one respondent reported their general health and contact with family and friends worsening and no males reported their overall happiness decreasing.

Comparing males to females in figure 6.9 shows that the majority of both men and women reported no change in their general health and contact with friends and family. Statistically, there was no difference between men and women in terms of their reported health (better $p=0.771$, no change $p=0.780$, worse $p=1.000$), contact (better $p=0.081$, no change $p=0.093$, worse $p=1.000$), or overall happiness (better $p=0.024$, no change $p=0.143$, worse $p=0.121$)⁴⁰. Again, there was no difference between men and women in terms of how their Internet usage has changed their health, contact or overall happiness. Additionally, across all categories, men and women were least likely to report their general health, contact or happiness worsening.

The second question assessing the effects of usage asked respondents, "If you cannot get the help you need via the Internet, will you search for it afterwards with 'conventional methods' (e.g., therapy, talking to a crisis center, etc.)?" As

⁴⁰ The statistical tests were conducted using Bonferroni adjusted p levels of 0.01 (0.05/9).

presented in table 6.10, just over 40% of female participants reported that they already see a mental health practitioner, while an additional 25% replied that they would (if necessary).

Table 6.10: Likelihood of participants to seek therapy in frequencies and percentages by gender

| Category | Male Frequency | Female Frequency | Totals |
|------------|----------------|------------------|--------|
| Already do | 2 (16.7%) | 26 (40.6%) | 28 |
| Yes | 3 (25.0%) | 16 (25.0%) | 19 |
| No | 5 (41.7%) | 10 (15.6%) | 15 |
| Unsure | 2 (16.7%) | 9 (14.0%) | 11 |
| Total | 12 | 64 | 73 |

*73 (out of 102) people responded (72%)

The remaining respondents replied that they would not utilize conventional methods (15.6%) or were unsure (14%).

Within the male subgroup twelve of the 16 men responded to this query (75%). Three of the men responded that they would search out conventional methods, five responded that they would not, two are already accessing alternative therapy, and the remaining two were unsure. Therefore, the same number of men would seek therapy (or already do so) as would not seek therapy. This information is graphically presented in figure 6.11.

Figure 6.11: Likelihood of participants to seek therapy by gender in percentages

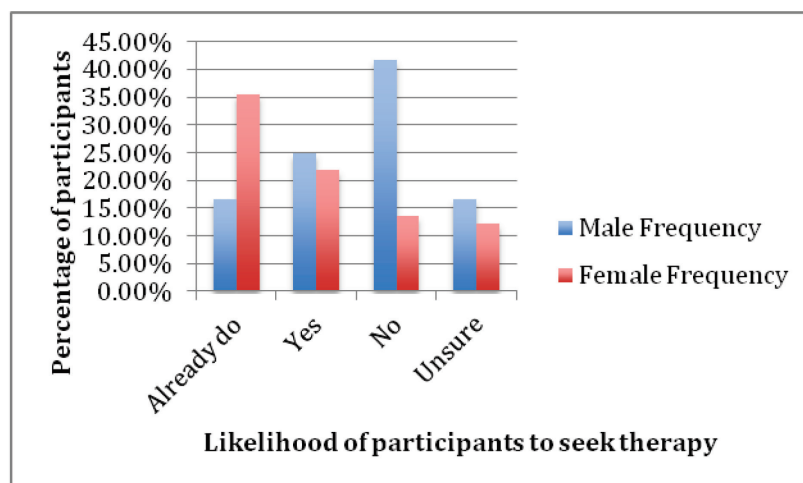


Figure 6.11 illustrates that while women were most likely to already seek therapy, followed by being likely to do so (yes category), not seek support and being unsure, men showed an inverse relationship where they were least likely to already seek therapy or be prepared to do so, and more likely not to seek therapy. However, a comparison of two proportions showed that there was no statistical difference between men and women across the categories (already do $p=0.192$, yes $p=1.000$, no $p=0.053$, unsure $p=1.000$)⁴¹.

The final question related to effects of usage asked, “Are your online interactions the same as in ‘real life’?” (see table 6.12).

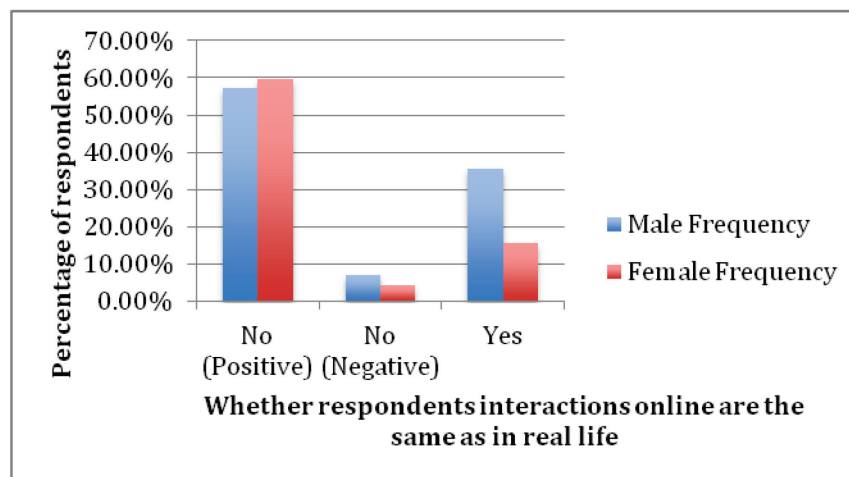
Table 6.12: Online interactions in frequencies and percentages by gender

| Category | Male Frequency | Female Frequency | Totals |
|--------------------|----------------|------------------|--------|
| No | 9 (64.3%) | 64 (77.0%) | 73 |
| Positive | 8 (57.1%) | 58 (69.9%) | 66 |
| Negative | 1 (7.1%) | 4 (4.8%) | 5 |
| Yes | 5 (35.7%) | 15 (18.0%) | 20 |
| Not applicable | 0 (0.0%) | 4 (4.8%) | 4 |
| Total participants | 14 | 83 | 97 |

77% of female respondents replied that their interactions were different (no), while 18% replied that their interactions were the same (table 6.12). People who chose “no” were provided with an open-ended text box and invited to provide a response about why their online interactions were different. These responses were coded (by the primary researcher) in terms of whether the differences in their real life and online interactions were positive or negative (according to the general conventional content analysis procedure outlined in section 3.4.4.2 of the methodology). The majority of female respondents (69.9%) provided responses that were positive about their online interactions, while 4.8% felt that they were more negative than real life. This information is graphically presented in figure 6.13.

⁴¹ The statistical tests were conducted using Bonferroni adjusted p levels of 0.03 (0.05/4).

Figure 6.13: Online interactions by gender in percentages



Within the male subgroup fourteen of the 16 men responded to this query (87.5%). Nine of the men felt that their real life interactions were not the same as real life, while the remaining five felt that their interactions were the same. Of the nine men who reported a difference, eight felt that their online interactions were positive while one participant reported that his online interactions were more negative than in real-life. Figure 6.12 illustrates that the percentages of men and women reporting different online interactions (both positive or negative) were similar (57.1% of males versus 69.9% of females regarding a positive change; 7.1% of males versus 4.8% of females regarding a negative change). There was no statistical difference shown between men and women (no $p=0.325$, yes $p=0.156$), supporting the observed similarities between men and women regarding their perceptions of whether their online interactions are the same as in real life.

6.2.3 Aim 3: How the respondents view online support

The questions relating to aim 3 were open-ended and participants were asked to disclose their opinions to five questions:

1. For me, being online is...
2. The best things about using the Internet for healing/coping are:
3. The worst things about using the Internet for healing/coping are:

All participants provided relatively brief (less than one sentence) responses to question one to complete the sentence, “for me, being online is...”. These responses are presented in table form for clarity. Questions two and three yielded more in-depth and complex responses (typically 2-3 sentences for the majority of participants). Therefore, these responses are presented in a summary table and with illustrative quotes for each category.

Conventional content analysis (as detailed in section 3.4.4.1 of the methodology) was utilized to reveal the overall themes in responses. Conventional content analysis is normally used to describe a phenomenon of interest when the literature on the topic is limited (Hsieh & Shannon, 2005), as is the case with investigating survivors’ usage of online social support. The process of conventional content analysis used the data from the three open-ended questions to generate data-led categories that were subsequently numerically summarized (as detailed in section 3.4.4.2 of the methodology). As participants were not required to provide responses for these open-ended questions, the response rate for each question is provided with each of the summaries. As in study two, 10% of the data across all of the coded categories was presented to an independent colleague, along with a detailed coding framework. Agreement across the coding for question 1 was .89; question 2 was .73; and question 3 was .77 (Cohen’s kappa).

In question 1 (“For me, being online is...”), participants’ responses were coded into 5 categories: safe comforting/healing; distraction/escape; community/family; vital/essential; and information.

Table 6.14: “Being online” in frequencies and percentages by gender (chart)

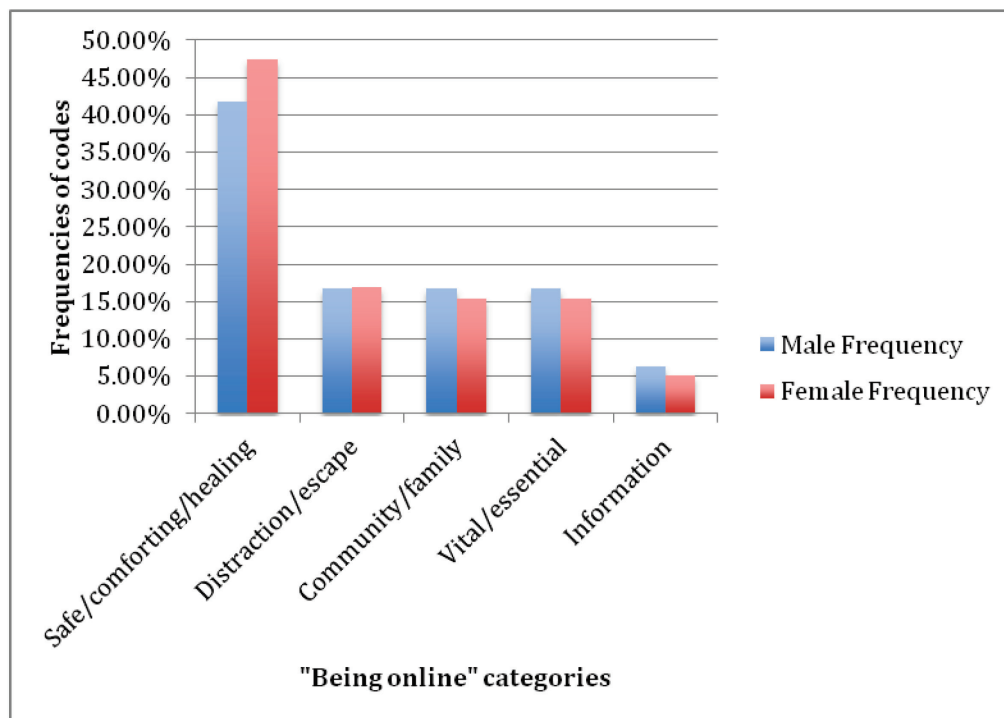
| Category | Male Frequency | Female Frequency | Totals |
|-------------------------|-------------------|---------------------|--------|
| Safe/comforting/healing | 5 (41.7%) | 28 (47.5%) | 33 |
| Distraction/escape | 2 (16.7%) | 10 (16.9%) | 12 |
| Community/family | 2 (16.7%) | 9 (15.3%) | 11 |
| Vital/essential | 2 (16.7%) | 9 (15.3%) | 11 |
| Information | 1 (6.3%) | 3 (5.1%) | 4 |
| Total comments coded | 12 | 59 | 71 |

*71 (out of 102) people responded (70%)

Almost half of the female respondents (47.5%) reported that the being online was safe/comforting/healing. The subsequent three categories (distraction; community; and vital) were similarly frequent (16.9%, 15.5%, and 15.3% respectively).

In the male subgroup, 12 of the 16 males responded (75%). As with the overall group, most men described being online as safe/comforting/healing (n=5, 41.7%), followed by two males each responding that being online was a distraction; community; or vital. Only one highlighted their use of the Internet as being characterized by seeking information. Figure 6.15 presents this data graphically.

Figure 6.15: “Being online” in frequencies and percentages by gender (graph in percentages)



The data in figures 6.14 and 6.15 clearly illustrates that the percentages of men and women reporting their perceptions of being online are very similar, with the vast majority agreeing that being online is safe/comforting/healing. Statistically, there were no differences between men and women across the categories (safe $p=0.761$; distraction $p=1.000$; community $p=1.000$; vital $p=1.000$; information $p=0.532$)⁴², further supporting this observation.

Questions two and three related to the respondents' perceptions of the advantages and disadvantages of online social support. These open-ended questions were coded via conventional content analysis. The themes resulting from the analysis are presented in table 6.16, along with the frequencies of each theme. This is finally followed by examples of quotes from each category.

⁴² The statistical tests were conducted using Bonferroni adjusted p levels of 0.01 (0.05/5).

Table 6.16: Frequency of advantages and disadvantages of online social support by gender

| Categories of advantages³ | Male Frequency (n=12) | Female Frequency (n=73) | Totals |
|--|------------------------------|--------------------------------|---------------|
| Accessibility | 13 (50.0%) | 59 (43.1%) | 72 |
| Convenience | 1 | 14 | 15 |
| Lack of physical barriers | 0 | 6 | 6 |
| Accessing other survivors | 7 | 25 | 32 |
| Wide range of experiences, information, etc. | 5 | 14 | 19 |
| Anonymity | 7 (26.9%) | 46 (33.6%) | 53 |
| Anonymity | 6 | 38 | 44 |
| Candid/honest posts | 1 | 8 | 9 |
| Support | 5 (19.2%) | 20 (14.6%) | 25 |
| Emotional | 2 | 12 | 14 |
| Informational | 3 | 8 | 11 |
| Control | 1 (3.8%) | 12 (8.8%) | 13 |
| Control | 1 | 8 | 9 |
| Writing | 0 | 4 | 4 |
| Total codes | 26 | 137 | 163 |
| Categories of disadvantages⁴ | Male Frequency | Female Frequency | Totals |
| Negative features of support | 5 (35.7%) | 26 (34.7%) | 31 |
| Overreliance | 2 | 11 | 13 |
| Reduced quality | 3 | 15 | 18 |
| Lack of physicality | 4 (28.6%) | 28 (37.3%) | 32 |
| Negative content | 3 (21.4%) | 17 (22.7%) | 20 |
| Overwhelming content | 0 | 7 | 7 |
| Harmful people | 3 | 15 | 18 |
| None | 2 (14.3%) | 4 (5.3%) | 6 |
| Total codes | 14 | 75 | 89 |

*85 (out of 102) participants provided responses to these open-ended questions (83% of total)

- ² Refer to appendix G for further explanation of the thematic categories
- ³ Percentages in this section are calculated based on the overall number of advantageous posts (n=163)
- ⁴ Percentages in this section are calculated based on the overall number of disadvantageous posts (n=68)

Through the content analysis, advantages of social support yielded four recurrent themes: accessibility; anonymity; support; and control, while disadvantages of social support yielded three themes: lack of physicality; overwhelming content; and negative features of support. In table 6.16 these categories were further broken into subcategories to illustrate the posts included in each category. As in study two, where respondents' comments contained data relevant to more than one category, the comment was coded into multiple categories. For instance, the comment "I like the anonymity and 24-hour support" was coded into both the anonymity and convenience categories. The coding of these categories are further clarified and supported by the quotes illustrating each theme, which are subsequently presented in section 6.2.4.

The majority of women's comments coded within the advantages of online social support contained messages of accessibility (43.1%), followed by anonymity (33.6%), support (14.6%), and control (8.8%). The majority of comments coded under disadvantages related to negative features of online support (34.7%), lack of physicality (37.3%), and negative content of posts (22.7%).

Within the male subgroup these overall categories resulted in the following percentages (based on 12 male respondents): accessibility (50.0%); anonymity (26.9%); support (19.2%); and control (3.8%). The male respondents ranked the positive aspects of online supports in the same order as the overall group, but felt that accessibility was clearly the most important with control as minimally important. Disadvantages yielded the following percentages: negative features of online support (35.7%), lack of physicality (28.6%), and negative content of posts (21.4%).

Figure 6.17 depicts the frequencies of the overall categories of advantageous support (accessibility, anonymity, support and control by gender). There was no statistical difference between men and women in terms of accessibility

($p=0.526$), anonymity ($p=0.649$), support ($p=0.556$), or control ($p=0.695$)⁴³. This finding suggests that men and women were similar in their ranking of positive aspects of online support.

Figure 6.17: Frequencies of overall categories of advantageous support by gender (graph)

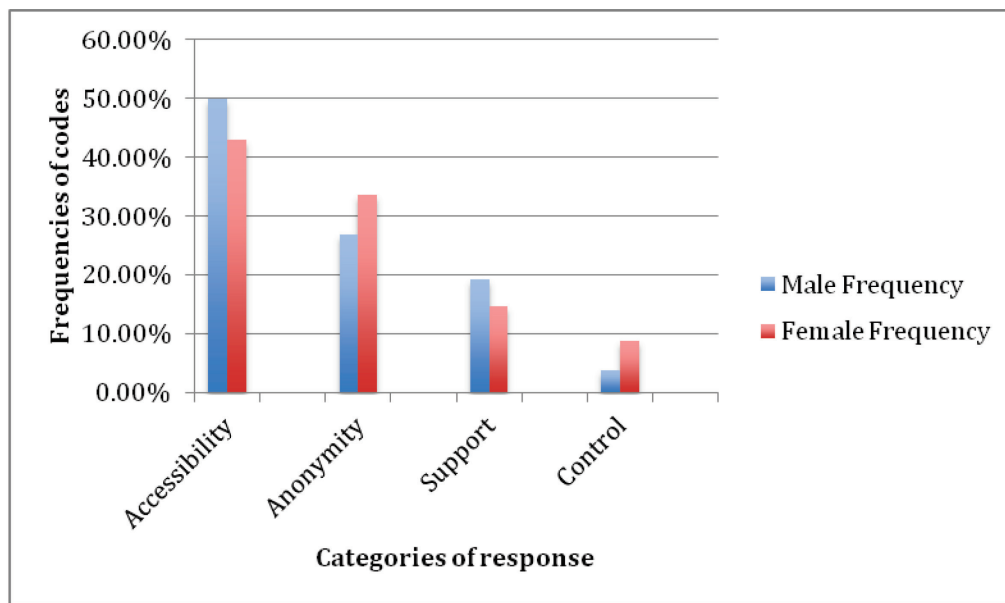
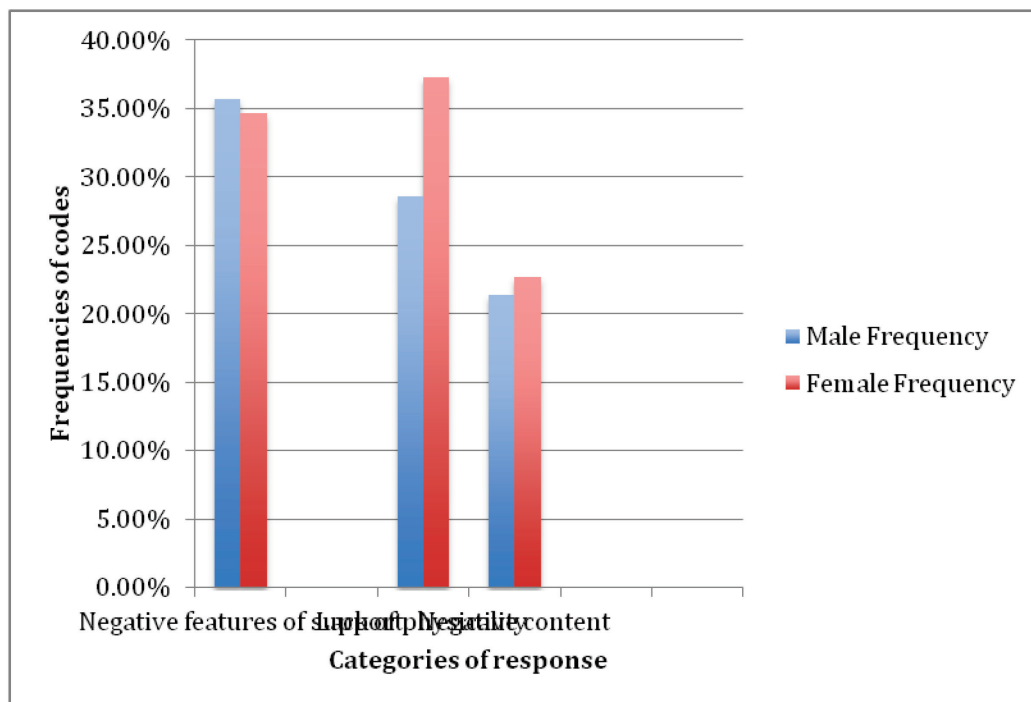


Figure 6.18 depicts the frequencies of the overall categories of disadvantageous support (negative features of support, lack of physicality and negative content).

⁴³ The statistical tests were conducted using Bonferroni adjusted p levels of 0.013 (0.05/4).

Figure 6.18: Frequencies of overall categories of disadvantageous support by gender



The percentages of men and women reporting disadvantages of supports was very similar across all three categories, with slightly more women reporting lack of physicality as an issue (28.5% of males versus 37.3% of females). Again, there were no significant differences between men and women across the categories (negative features $p=1.000$; lack of physicality $p=0.763$; negative content $p=1.000$)⁴⁴, suggesting that men and women were similar in their ranking of disadvantageous aspects of online support.

⁴⁴ The statistical tests were conducted using Bonferroni adjusted p levels of 0.017 (0.05/3).

6.2.4 Advantages of online social support

This section provides excerpts from the posts that contributed to the figures in table 6.16 relating to advantages of social support (excerpts related to disadvantages will subsequently be presented in section 6.25). In discussing the benefits of online support groups, most members highlighted the unique aspects of online communication to describe the advantages of online support (in contrast to that available offline). Members frequently made reference to the convenience of online support.

6.2.4.1 Accessibility

For many participants, the realization that they could access the support site to communicate at any time of day, seven days a week provided comfort and aided in coping. For instance, one participant highlighted the need to access support at night:

It is there 24/7. Most of my worst times are at night - with nightmares etc and so to be able to come online and talk with people who understand rather than phoning someone and waking them up and then feeling guilty about it... yada yada yada

This was echoed by other participants:

I can talk to someone at any time of day or night

24 hour support

always there. easy to access

Another participant highlighted the fact that the support group was available “24 hours a day and no waiting lists”, highlighting the true accessibility afforded online in contrast to the reality that offline supports often involve being placed on a waiting list and having to wait to participate in support or therapy groups.

Another member highlighted the cheaper cost of online support as contributing to its accessibility:

Affordable.. my Internet's not an extra expense, it's included in rent.
Cheaper than any other way of communicating or interacting with people.
So it's more accessible to me at this point in life.

Another element of accessibility that was mentioned by many members related to how the lack of physical barriers afforded by online communication was particularly attractive in light of their disabilities. The following two members highlight these issues:

i don't need to find my physical voice to express myself. my shyness and social phobia does not get in the way.

At my worst I felt unable to leave the house. Without the Internet to turn to I think I would have done much more harm to myself and possibly never got onto the road to recovery.

Other members also highlighted how accessibility was heightened for them due to the removal of other physical barriers:

connection with a wide range of people that wouldn't be possible esp. due to distance in the real world

You can't see the person's face when you tell them something-it makes it easier to tell what happened to you.

much easier to find like-minded people (survivor status and more) in an online community with people from around the world than in my physical location.

Related to the ease of access were comments concerning the ease of accessing a network of other survivors. One member commented that a major benefit of online groups was:

Meeting people who know what you are going through and who can offer you real understanding and practical suggestions drawn from personal experience.

This comment was echoed by various other participants who highlighted the sense of understanding and community as being of particular benefit:

knowing that there are other people who have your problems, and yet everyone is unique in their experiences and personality. it doesn't make me feel like i'm part of a faceless mob, it doesn't make me feel isolated. it's the perfect mixture.

This member also explained that the online support allowed for the strengthening of offline supports:

Finding a sense of community. Being able to reach out to people who truly understand what it's like to go through something like this. It's easier to talk about details & intense emotions behind a computer screen. Doing that helped me talk more comfortably to my "RL" support.

Another major issue raised by members when discussing the benefits of having access to a community of survivors concerned the novel way in which the online group allowed for access to a wide range of experiences, advice, and support that would not normally be available from the members' offline supports.

Some members commented on the range of resources as being beneficial:

Huge range of people, information, resources

Variety of viewpoints

Variety of opinions and number of people to support you

Access to more survivors than could ever be found locally.

Also, there's the benefit of getting various replies from different kinds of people, the benefit of different perspectives, etc.

Others specifically highlighted the benefit of different viewpoints from "around the world" as being beneficial:

You can get to know people like you from all over the world and share in your experiences and help each other out!

It's very easy to make contact with a large number of people very quickly and from all over the world. You are able to find people who understand what you're feeling.

You can draw on support from people all over the world. It opens up a greater range of techniques, experiences etc. It can also help someone begin to face the abuse because of the level of anonymity.

Other members highlighted that the access to people who have specifically experienced sexual victimization very similar to their own as being important in their coping:

Knowing, that there are other guys that this has happened to, and that some of them have been silent for as long or longer than I have.

The support site communication and suggestions/advice. Support sites that are specific to personal affinities.

6.2.4.2 Anonymity

Besides the distinct benefits of access to a community of survivors, participants highlighted the style of communication afforded by the online support group as aiding in their coping. For instance, online communication allows for participants to remain anonymous, a distinct advantage of many survivors over face-to-face, offline communication. Member stated that they liked:

The anonymity. The lack of physical contact makes me feel safer and more free to talk about my experiences because I'm not being judged by someone who I interact with in "real life".

You can "hide" behind the screen and maybe talk about things I normally wouldn't talk about.

There is also a huge element of shame that goes with abuse, and the anonymity of the Internet can help with that.

I can interact on a personal level with people and not have to look in or be looked at in the eyes.

Related to the anonymity of online communication were comments concerning how online communication allowed for participants to be more candid online than they are offline. Participants stated:

It's anonymous, so I feel free to be more open and honest.

Since the people responding to me do not know me in real life, they can be more objective than people in real life.

It serves as a place for people to vent anonymously so that they can be more honest about how they feel.

More truthful responses

Genuine friendships where people can be completely honest with each other.

Being able to be anonymous and therefore completely honest.

6.2.4.3

Support

Posts directly commenting on the benefits of the support afforded by Survivors Online focused on emotional and information support. The following posts describe the benefits of seeking emotional support online:

There is unconditional support for everyone no matter what.

You can create a network of people to comfort or support you, which is a lot harder IRL.

This emotional support was characterized by the acceptance it represented for some members:

I don't feel like I have to transform what I'm feeling to feel accepted.

i can be who i wanna be

Additionally, the following participants also highlighted the benefits of being able to provide emotional support to others, as well as receive it:

being able to talk to other survivors, seek and give support

Being able to help others and be helped.

The healthy give and take of support site advice

In addition to highlighting the benefits of emotional support, many participants commented on the informational support provided. One participant expressed that accessing "information about the psychological impact and background" of sexual violence as being particularly important to their coping. Others commented that the variety of information on the site as beneficial.

I can find information and contact people

The wide variety of information available and the support of large numbers of people in similar situations.

Anonymity, breadth of information

Ample resources that can be sought out.

Other members drew attention to the importance of information related to coping strategies as essential to them:

Learning about coping strategies that my counselor / doctor didn't know about or didn't tell me about.

You can find other ways of coping with issues such as csa, flashbacks, and self harm

6.2.4.4 Control

Several members mentioned the opportunity to reflect and clarify posts as a benefit of having written text rather than needing to respond immediately. In addition to time to reflect on both their own and other posts, members highlighted that the ability to read over posts allowed them to clarify their own experiences and thoughts. The following quotes from participants highlight this aspect of writing:

You can take your time writing out what you want to say. There's no rush and no pressure on you to talk. It really is "at your own pace."

It's far less scary to type than to talk, especially at the early stages of healing.

This lack of pressure (that is normally associated with real-life communication) also afforded feelings of control related to participation for many members.

That you control it. Well, to a certain extent. But if I post something asking for advice, or just hugs... I choose when I'm going to go back and read any replies. I don't have to deal with people making "pity" faces at me. I know that people care, because they've been there. They know.

It is a safe environment to deal with stuff as it comes up. I can control how much or little time I want to put in.

you can turn the computer off straight away eh you've had enough. can get rid of a person that quickly. suppose politeness goes out the door.

able to “disconnect” when needed if being triggered, ect. you can't just walk out on a real life group but u can online take a break without offending anyone

the ability to become close to many people from within your own house, without giving them any power over me. You can create a network of people to comfort or support you, which is a lot harder IRL.

6.2.5 Disadvantages of online social support

Although the majority of Survivors Online members reported benefits from accessing social support online some members also highlighted disadvantages related to online communication.

6.2.5.1 Lack of physicality

For instance, while the lack of physicality was seen as of particular benefit to most members, some highlighted how this was also a distinct disadvantage of communicating online. Notably, comments about concerns about a lack of physicality (36.0%) far outweighed comments specifically highlighting this is an advantage (3.7%). Members stated:

That I can't see people when a friendly face of someone who understands

No one to actually hold me.

(((net-hugs))) don't feel as nice as real ones. and while it's fun to 'send' someone a cup of tea, i'd rather make it for them in my kitchen, or vice-versa.

The sterility of it, once you're really good friends with someone you talk to over the Internet, sometimes you wish they could really give you a hug instead of just telling you they are giving you a hug.

Not being closer to people - often your best supports are on the other side of the world!

6.2.5.2 Overwhelming content

Another important disadvantage highlighted how reading posts about other people's experiences and coping difficulties led them to experience negative emotions. Logically, a support group for sexual survivors will include many descriptions of sexually-abusive experiences. While the intent is to seek social support, and not to help others, the information is potentially highly triggering to other members, as highlighted here:

The frequent black, negative and depressive outpouring of posts from survivors when they talk about their daily lives- this often gets me down so I don't read them anymore.

You may end up feeling worse when the numbers of people are so high who have had similar experiences.

Being triggered.

Related to this distress in reading other posts, was the sense of responsibility to help and provide support that some members found overwhelming. One member commented that, "It can be hard too when someone is really struggling to be able to calm them down and be there for them". Another member commented that this need to provide support was related to a feeling of obligation so that their support requests would be reciprocated:

You sometimes feel.... obliged is the wrong word, but as if you have to say something every now and then, if you're wanting people to help you. If that makes sense? It's nothing that anyone on the board has ever said, so it's probably coming from me. But I feel like if I'm not responding to people's threads, then what right do I have to expect people to respond to mine? But there are so many threads, and some are very triggering for me... it can get a bit overwhelming.

Another major disadvantage for many members related to two types of harmful people that impact on the delivery of social support and communication online. The first group of harmful people includes people who are motivated to join Survivors Online for reasons other than the genuine seeking of social support-related to sexual victimization. Members described these people as being a particular disadvantage to online communication:

Pisstakers, lurkers, spammers, pedo's looking for victims, etc

Having to know how to identify people who are not really survivors or who are interested in details of abuse for their own pleasure.

you meet some very odd people who are just online for curiosity or getting a kick out of what you tell them

Having to know how to identify people who are not really survivors or who are interested in details of abuse for their own pleasure.

Concern that there are people on the board who are not people I would trust if I met them in person! (Unhealthy mentally, stalkers, etc.)

Another theme that was noted as falling within the category of harmful people was in reference to genuine members of the site. For instance, one participant stated that a drawback of participation was, "Running into people who think that they can 'help' victims, that they have all the 'answers'". Another member echoed that "people telling you what to do and how you are supposed to feel" were a downside.

Very few people specifically mentioned that the quality of information was questionable, but related to these issues of harmful people is that "Some of the information is incorrect, a few of the people are quite unwell", as one member highlighted.

6.2.5.3 Negative features of social support

The main concern for members related to negative features of social support was the feeling that members were relying too heavily on the support afforded by Survivors Online was highlighted by some members. One member commented that the drawback of online communication was:

sort of the same as the benefits, really. as long as there's the internet, i can avoid finding my physical voice. i can avoid facing my social phobia and shyness. i can avoid being honest with my friends and family about what i'm feeling. i can even avoid talking to my therapist about certain issues, all because i know i can rely on the Internet message board for support in that area.

Other members echoed similar concerns:

I'm using more and more instead of talking about it to people that I maybe should but can't because I feel so ashamed.

Hiding in that same anonymity.

i tend to spend a lot of time on the net instead of getting out

no experts, no immediate help in crisis, losing oneself in an imaginary world

It is addictive. I did tend to reject the possibility of going out to stay at the computer where I felt safe. But I had no other means of support at the time - had I been properly supported by professionals in real life I may have ventured out more often.

It can sometimes affect the way you interact with other people or how much time you spend on other activities or hobbies

It's still scary. It's easy to get sucked into it (therapy, for better or for worse, is only an hour a week).

Using it as the sole coping strategy because it is not designed for that.Face to Face interaction is also needed.

In contrast to over-relying on the online support (14.6% of comments), some members expressed concerns that the quality of online support was deficient (20.2%). For instance, one participant was concerned about “The transiency of relationships. There is no guarantee that you will maintain contact with someone you talk to on the Internet - they or you can just disappear”.

Another member commented that, “the relationships formed have depth but an odd sort, probably because they lack everyday breadth, i.e. they are deep in one way and lacking in much else”. Other members also highlighted these concerns:

Also, bonding with people only to have them drop off the board, get banned, or just fade away is hard.

Knowing in the back of your mind that there is a certain artificiality to it, that if you lived next door to the people on the Internet board, you probably wouldn't receive the same level of support from them

it's not 'real' enough

Additionally, in relation to concerns about the quality of online support, one member stated that, “People are less likely to call you on your self-destructive behaviors”. Although few members raised this issue, it is important to consider this issue as an important disadvantage of online communication.

6.3 Discussion

Data analysis showed that members of Survivors Online considered there to be a range of important benefits from their online support experiences which appeared to facilitate their coping with the psychosocial sequelae associated with sexual victimization. However, the analysis also highlighted a number of important disadvantages associated with online support that demand consideration.

Before discussing the study findings, it is important to note that the reported gender differences should be interpreted with caution, as the samples of male survivors were comparatively small. However, the analysis of gender differences adds more depth to the understanding of the importance of online social support to survivors, and further reflects the mixed method framework, which aimed to capture different viewpoints of this topic (Hammersley, 1996).

Aim 1 investigated the members' type of usage and indicated that the majority of participants use a computer in their home (82%) or at school or college (24.6%). Most respondents used bulletin boards in their coping (70.5%) or search engines (36.9%). This is to be expected, as bulletin boards (such as are available via Survivors Online) represent an attractive form of online social support, and have been noted as the most popular technology for seeking support (Meier, 2004). The finding that over one-third of respondents use search engines suggests that survivors also seek additional supports and information from other online sources (and do not only utilize one source).

The findings of aim 1 also suggest that the majority of respondents (26.2%) access the Internet specifically for coping on an irregular basis (once a month or less). However, the number of respondents reporting that they accessed the Internet several times a week (22.1%), every day (20.5%) and several times a day (23%) received a similar response rate. Close to one-quarter of respondents fell into each of these four categories, suggesting there are four "types" of user

represented in this group; ranging from irregular use (once a month or less) to highly regular user (several times a day).

When asked why they used the Internet, the majority responded to get support (65.3%); to give support (64.5%); or to get information (65.3%). While there are various levels of frequency of use, the reasons why members used the Internet to cope were quite similar, focusing on the giving or receiving of support or to get information. This finding mirrors the conclusions of many previous research studies, which reported that people tend to use online support groups to seek support or information related to their condition (Braithwaite *et al.*, 1999; Buchanan & Coulson, 2007; Coulson & Knibb, 2007; Barak *et al.*, 2008; Malik & Coulson, 2008), suggesting that online support groups are a beneficial source of emotional and informational support for survivors of sexual violence. Finally, the data from aim 1 also suggested that respondents are more likely to use the Internet for coping than talking to real-life friends (67%); visiting a mental health practitioner (67%); or reading self-help books (73%). As previous research has highlighted concerns about survivors accessing professional support in coping with sexual violence (Holmes *et al.*, 1997; Palmer *et al.*, 2001; Yeager & Fogel, 2006), this is an important finding as it indicates that the Internet is the most likely form of information and support for respondents, rather than offline supports.

Aim 2 investigated the effects of usage on members' general health; contact with family and friends; and overall happiness. The data indicates that most participants reported similar levels of no change to their general health or contact with family and friends (61.8% and 59.8% respectively), while a similar majority reported that their overall happiness was improved with Internet social support (63.7%). This finding suggested that Internet use did not affect general health or contact with family and friends for most of the participants, but that access did increase their perceived happiness. This supported Barak *et al.*'s (2008) previous findings that support groups provide general emotional relief and a heightened sense of empowerment for members and Tanis's (2007)

argument that online support groups have a direct effect on well-being, and an indirect effect as a buffer against stressful life circumstances.

A remaining approximate one-third of the participants reported that their general health and contact with family and friends changed for the better (32.4% and 34.3% respectively). This may be due to the support site providing an additional source of support that facilitated better general health and contact with family and friends. An additional small subcategory of respondents of similar numbers reported that their general health, contact, and overall happiness changed for the worse (5.9%, 6.9%, and 2% respectively). This small subset of the data supports the early findings that Internet use has a negative impact on face-to-face relationships and are generally less fulfilling (e.g., Kraut *et al.*, 1998; Sanders *et al.*, 2000); however there is little overall support for this theory in the data as such a small percentage of participants reported these results. Generally speaking, there was much stronger support for the findings that online communication and support was a positive resource for survivors.

Respondents were also asked if they were likely to rely only on the Internet as a form of support. Overall, the majority of respondents (38.4%) already see a mental health practitioner, while an additional 26% replied that they would if necessary. Again, this finding supports previous literature (and studies one and two of this thesis) which argued that using the Internet for support is coping is related to poorer offline relationships and general functioning is inaccurate for members of Survivors Online. However, the subgroup of men reported that the same number of men would seek therapy (or already do so) (n=5) as would not seek therapy (n=5). Previous research focusing on male survivors has reported that men are less likely to seek professional healthcare than female survivors (Yeager & Fogel, 2006), which is supported by the findings of this study. Future research should consider the qualitative and quantitative differences between men and women and their experiences of seeking professional intervention in their coping in order to address the extent of these differences amongst users of online support groups.

To assess the quality of support from the members' viewpoint, participants were asked if their online interactions were the same as real life. The majority of participants described their online interactions as different to those offline (75%), and further described this difference as positive. The majority of the male subgroup also reported that their real life interactions were not the same as those online (64.3%) and also reported these differences as positive. These findings suggest that the unique features of online support are of benefit to survivors, and the communication differences between online and offline supports does not suggest impoverished support. This data therefore supports previous research which argued that the Internet and online social support groups are related positively to social interactions offline (e.g., friendships) (LaRose *et al.*, 2001; Shaw & Grant, 2002), and also support findings suggesting that the communication afforded online has uniquely supportive characteristics (Tanis, 2007; Coulson, 2008; Malik & Coulson, 2008; Malik & Coulson, 2010).

Finally, aim 3 assessed how the respondents view online support. All respondents were positive about how they described their perception of being online. Almost half of the respondents (46.5%) described Survivors Online as safe/comforting/healing (41.7% in the male subgroup). Almost equal numbers described the site as a distraction/escape (16.9% overall; 16.7% in the male subgroup); community/family (15.5% overall; 16.7% in the male subgroup), or vital/essential (15.5% overall; 16.7% in the male subgroup). A further 5.6% overall described it as a place to find information. This data again provides important information for mental health practitioners in relation to how members of Survivors Online view the support that they seek online. Importantly, the majority of survivors, men included, view the sense of comfort and safety as essential to their membership of Survivors Online, which are common concerns for survivors of sexual violence after experiencing sexual victimization (Browne & Finkelhor, 1986; Dunmore *et al.*, 2001; McFarlane *et al.*, 2006).

Finally, the remaining questions related to aim 3 assessed how respondents viewed the online support. Content analysis yielded four umbrella categories of

advantages of social support (accessibility; anonymity; support; and control), and three categories of disadvantages (lack of physicality; overwhelming content; and negative features of support)⁴⁵. The content analysis calculated the percentage of comments that occurred and illustrated that the level of positive comments was much higher than negative (despite all respondents listing both a positive and negative perception of online support). This was true for both the overall group and male subgroup, where respondents ranked the positive and negative aspects of supports in the same order of frequency (as listed above). This was due to the respondents providing more than one category of what they perceived as advantageous, and usually only one aspect that they perceived as disadvantageous. Therefore, the percentages of positive aspects of support are higher. This further indicates that participants generally have a very positive view of online social support.

In particular, many members mentioned the unique characteristics of computer-mediated communication as beneficial. For instance, factors related to access, such as 24-hour availability, accessibility from anywhere in the world, and the lack of visual cues were commonly mentioned. Anonymity, in particular, was considered a highly-attractive aspect of online communication, facilitating openness on the part of the member sharing their very personal experiences, and facilitating honest and truthful responses from other members. These findings are consistent with other studies which suggest that anonymity is of particular benefit to people discussing sensitive experiences online (Christopherson, 2007; Barak *et al.*, 2008; Malik & Coulson, 2010).

Feelings of being different and isolated are common amongst survivors of sexual violence (Briere & Runtz, 1993; Richter *et al.*, 2001). For this reason, appeasing the strong need for many survivors to communicate with other survivors in order to feel accepted and less alone were distinct advantages of online support. The community on Survivors Online provides a framework where members “become aware of self and others, within which we establish priorities, claim or disclaim duties and privileges, set the norms for appropriate and inappropriate

⁴⁵ Refer to section 3.4.4.2 of the methodology for a description of the method employed.

behavior, attribute meanings, and order events in time” (Sluzki, 1992, p.219). In other words, the culture created on Survivors Online serves as an interpretative resource for members to impute meaning to their experiences of sexual victimization (White & Epston, 1990). This shared construction of meaning can explain the sharing of positive messages of social support which contribute to the sense of family and community mentioned by many participants.

Related to this idea of shared cultural meaning on Survivors Online are the benefits of additional time and consideration afforded via online communication (which is not possible in face-to-face communication). Participants perceived the opportunity to reflect on what they wrote as well as what others wrote as beneficial. The open-ended questions in this survey provided data suggesting that writing posts and receiving responses is more complex than simply asking for and receiving social support. The process of writing also allowed for the creation of meaning and ideas. Knowing that other members were going to read and respond to these messages caused members to carefully consider their posts and how they were worded. The comments from other members allowed members to reconsider their constructed beliefs and to reconstruct new ideas. Members were also then able to post a further message clarifying their original post. Finally, having a written record of posts allowed members to further consider their thoughts and ideas.

Although the majority of respondents highlight the benefits of online communication, it is essential to also recognize the disadvantages of this form of support. The most common disadvantage related to the perceived negative features of online support (13.4%). These negative features consisted of concerns related to a reduced quality of support (8.6%) and becoming overreliant on the online support (4.8%). Notably, the benefits of support were unique to online communication, as are the disadvantages. Past research has also raised the concern of Internet addiction and solely relying on Internet support groups (and neglecting to utilize offline mental health supports) (Finn, 1996; Finn & Lavitt, 1994). However, these concerns were raised by a relatively small number of participants, and the previous statement that the majority of

respondents would seek help elsewhere if they could not locate it online is reassuring.

Additionally, it can be argued that a concern about relying too much on online support and recognizing that there are drawbacks to online communication is healthy and proactive. Previous studies have raised concerns about the accuracy of information exchanged on the Internet (Culver *et al.*, 1997), while other authors have noted that the general content of information support exchanged in health-related online support groups is accurate (Hoch *et al.*, 1999; Esquivel *et al.*, 2006). It seems inevitable that some inaccurate information will be exchanged on online support groups but it is not clear how often this occurs and the effect of this exchange. Future research should examine the occurrence and accuracy of information exchanged specifically within support groups for sexual violence survivors.

Participants described the lack of physicality as a disadvantage (11.9%), while also recognizing that this was one of the best advantages of online communication. The negatives tended to mirror the positives in most comments. For instance, one person commented that, “the negative for me is that sometimes i want a real hug. but, lots of times i don’t want ppl to touch me, so its kinda what i like best as well”. As highlighted previously, this comment would have been coded into multiple categories, reflecting the complexity of understanding survivors’ usage of online support. The final category of “negative content” is particularly important for future research and mental health practitioners. Posts coded in this section consisted of the respondents’ concerns that the content of posts online were overwhelming (2.6%) or that harmful people were members of the community (4.9%).

Harmful people consisted of predators on the site looking for stories of abuse, as well as genuine survivors (with potential mental health issues) who were providing inaccurate and unsupportive comments. Again, very few members highlighted this issue, and during my lengthy time spent on the site I came across a surprisingly small number of posts that would fit this category (no more than

20 over two years). This may be due to the culture created on the site helping to control for “flaming”⁴⁶ and the very persistent role of the moderators checking for these types of posts. There is the possibility that the highly supportive and accepting culture created on Survivors Online has created an environment where, “People are less likely to call you on your self-destructive behaviors”, as mentioned by one participant. The shared meaning created on Survivors Online, discussed previously, serves as an interpretative resource for members to impute meaning to their experiences of sexual victimization (White & Epston, 1990). This shared construction of meaning can explain both the possibility for the sharing of inaccurate information and for the sharing of positive messages of social support contributing to the sense of family and community mentioned by many participants.

Comments about the overwhelming content of posts raises particular concerns. If a person seeks support online to deal with their coping needs as a result of sexual violence it is concerning that they may become overwhelmed by the detail and level of trauma contained within other posts. While access to survivors is one of the most attractive prospects of online communication, this access also comes with the potential to become too focused and involved in a world filled with story of trauma where the potential to be “triggered”⁴⁷ is escalated. Again, while this issue was mentioned by few respondents it is an important avenue for future research to assess the level at which members become overwhelmed by the online support site and what coping mechanisms are used to deal with these emotions. This is also highly important for mental health practitioners to perhaps monitor patient usage or to at least be aware of this potential trigger in their clients’ lives.

6.3.1 Limitations and future research

A potential methodological limitation of this study concerns the

⁴⁶ Flaming is uninhibited, hostile, or insulting interaction that occurs in online communication (Kayany, 1998).

⁴⁷ Triggers generally refer to reminders of the abusive event that precipitate a negative response on the part of the survivor.

representativeness of the sample. It is possible that participants were either highly satisfied or highly dissatisfied with their online experiences, and therefore highly motivated to participate for either reason. However, the data presented here does provide a balance of advantageous and disadvantageous issues related to Internet support, suggesting that the participant sample was not dominated by either highly satisfied or highly dissatisfied survivors. A second limitation is that the majority of the participants were female (76.8%). It is therefore not clear if the findings of this study can be generalized to men participating in online groups for sexual violence survivors, particularly considering findings in the literature indicating that gender differences may exist in how and/or why men and women seek online support (Sullivan, 2003; Gooden & Winefield, 2007). While the subanalysis of the male subgroup are limited in strength (due to the small population of male participants), there nevertheless appeared to be little difference between men and women across the analysis, except in relation to the likelihood that the survivors were currently using or would seek professional intervention in their coping.

Considering the concerns raised by some participants concerning the accuracy of information, it is unclear whether messages posted were misinterpreted by other members, or whether the information was factually incorrect. Previous research has highlighted concerns about the potential for the distribution of misleading or incorrect information in online support groups (Klemm *et al.*, 1998; Winzelberg, 1997), while others have argued that gross inaccuracies in statements and information will be corrected quickly (Braithwaite *et al.*, 1999; Finfgeld, 2000; Finn & Lavitt, 1994), that users will seek health information from many different online sources to verify its authenticity (Fogel *et al.*, 2001), and suggest that the amount of false or misleading statements in online support group is low. For instance, Esquivel, Meric-Bernstam and Bernstam (2006) report that only 0.22% of posts on an online breast cancer support group were false or misleading, and almost all of these were corrected by members within four and a half hours of posting. However, virtually all of the research investigating this issue has concentrated on the exchange of medical information in online groups (particularly to do with cancer). The findings of these studies

may therefore not be relevant to survivors of sexual violence. Future research should consider examining the exchange of medical, treatment and coping-related information within support groups for survivors of sexual violence.

Future research should also consider comparing participants' views at more than one point in time to ascertain if online support-seeking behaviors and opinions of that support change due to both time and experience with the support group, and due to their different stages of coping (e.g., someone who has recently experienced sexual violence versus someone whose experiences occurred 10 years ago).

6.4 Conclusion

This study provides an examination of the experiences of survivors of sexual abuse accessing social support via an online support group. Specifically, the study examined the role of the Internet and online social support groups in meeting the social support needs of survivors. This was examined from the point of view of the members themselves in terms of how and why members use the Internet; frequency of use; and how the seeking of online support impacts seeking support offline. It additionally informed as to the perceived benefits and disadvantages related to seeking support online for the participants. The results suggest that the online support group is an important resource for most participants, and may provide an important coping strategy for people dealing with the psychosocial sequelae of sexual assault. The site provides a valuable tool where survivors can receive and provide social and support with people experiencing similar issues. However, the results also indicate that, for some people, there are disadvantages associated with relying on online social support: the lack of physicality; potentially overwhelming and triggering content; and the negative features of support (e.g., potential for addiction or sense that the quality of support is inferior to offline support).



Chapter Seven:

General discussion and conclusions

7.1 Introduction

Understanding complex episodes of human behavior requires synthesis just as much as analysis. We should always be trying to piece things together to see what they are part of, as well as taking them to bits to see what they are made of.
- Clarke (2004, p.85)

This final chapter of the thesis focuses on considering the general, overall findings across the three studies. The results across the thesis suggest a complex interplay of factors contributing to online social support experiences on Survivors Online. This, in turn, reflects the complexity of both social support and coping with the psychosocial sequelae of sexual victimization noted in the literature review.

Generally, this thesis examined the implications of using the Internet as a source of support for survivors of sexual violence in order to inform about how survivors access and participate in support-related online groups. This was achieved across three studies assessing three research aims. The first research aim was to assess how survivors make sense of their experiences of support-related to sexual victimization. This aim was assessed in study one by undertaking a narrative analysis which examined survivors' interviews. The interviews focused on the role of the survivors' social relationships (i.e. with family, friends, and partners) and Survivors Online as a means of support in coping with their sexual victimization in order to inform about why these survivors have turned to an Internet support group⁴⁸. The purpose of the interviews was to ascertain which needs the online group met that were not fulfilled by other services and supports.

The second research aim was to assess what kinds of support are deemed most important to survivors in their attempts to cope with sexual victimization in order to promote the welfare of survivors. With this in mind, the second research aim was to specifically understand what kinds of support are exchanged on Survivors Online (in terms of quantity and quality according to Cutrona and Suhr's (1992) Social Support Behavior Code) in the survivors' own

⁴⁸ Refer to appendix B for the interview schedule.

words. This aim was assessed in study two by using directed content analysis to determine the quality and quantity of support messages on Survivors Online in order to examine the meaning of participation in a support site for survivors of sexual violence and its relationship with how people seek support online by performing an analysis of publicly viewed message “threads” followed over a one-week period.

The final research question aimed to inform about how survivors practically use the Internet to cope with their sexual victimization (e.g., do they use email, chat rooms, etc.); if using the support site changed how the survivors use conventional methods of support; and what elements of online support do survivors perceive as beneficial and which are drawbacks to seeking online support. This aim was assessed by conventional content analysis in study three, which specifically examined the role of the Internet and online social support groups in meeting the social support needs of survivors. This was assessed from the point of view of the members themselves in terms of how and why members use the Internet; frequency of use; and how the seeking of online support impacts seeking support offline. It additionally informed about the perceived benefits and disadvantages related to seeking support online for the participants.

Overall, then, these three aims were designed to investigate the role of an online support group for survivors to pinpoint what survivors need in terms of social support, as well as to provide practical information for professionals working with survivors of sexual violence including law enforcement, medical, and mental health professionals in terms of new ideas, theories, and policy for providing social support for survivors of sexual violence that is informed by the survivors directly. Specifically, these combined aims provide an understanding of how survivors access and participate in support-related online groups by informing about why these survivors have turned to an Internet support group for social support; how the site functions to allow for the provision of social support; and how survivors use the Internet to seek social support. The results of the study provided an in-depth picture of the use of an online support group by survivors of sexual violence.

7.2 Limitations and future research

Before discussing the findings and implications of this overall thesis, it is important to highlight some limitations. Specific limitations of each study have previously been presented (section 4.1.5 in study one, 5.3.4 in study two, and 6.3.1 in study three); limitations to online research have also been considered in section 3.3.1.2.1. Therefore this section will present some overall limitations for consideration. The data which was collected was representative only of people who self-selected for the three studies. People who tried Survivors Online as a support option but chose not to use the site are not represented. Generally, the members across all three studies reported positive experiences, so less is known about people who have had primarily negative experiences online. Future research should investigate why other survivors may have tried online support groups and choose not to participate. This may help identify potentially vulnerable users who are not suited to seeking support online. In addition, this would also help to provide information to mental health professionals.

Participation in this study also required computer access and an understanding of message boards and instant messenger programs. Recent Internet usage statistics report that 78.6% of Americans and 61.3% of Europeans have Internet access (Internet World Stats, 2011). While increased Internet access and a rise in mobile connectivity have reduced gaps in access to technology (e.g., “the digital divide”), some groups remain without access. Among United States senior citizens, those with less than a high school education, and those earning less than \$30,000 a year are the least likely to have Internet access (Zickuhr & Smith, 2012). All of the participants in the present thesis were white with at least a secondary school education. Obviously the findings of this study cannot be generalized to survivors without Internet access (or survivors who are not members of online support groups). However, the aim of this study was to examine the use of the Internet as a source of support for survivors of sexual violence (and therefore non-Internet users were not a focus of the investigation); in other words, this thesis was exploratory and representativeness of the sample (in terms of Internet users) was not a primary concern.

Additionally, while respondents were instructed to ensure they could complete the research in privacy and without interruption (to ensure privacy and safety) this cannot be verified by the researcher. It is possible that there were other people present while the research was being conducted. However, the participants across all three studies appeared to be comfortable enough to disclose their experiences. Also related to this issue is the problem of not knowing for certain if the respondents are actually survivors of sexual abuse. However, this could also potentially be an issue in face-to-face research (as the vast majority of studies would not require documented “proof” that a person had experienced sexual violence). In an online forum context it is possible to click on a person’s profile and see how active they are on that website and to read their previous posts, which may help to establish the “credibility” of a member. While these are limitations to online research the participants in all three studies did not appear to be participating with malicious intent to distort the data, nor did they appear to be “non-survivors” masquerading as survivors. In addition, all participants were active site members.

Despite these limitations, the results of this exploratory thesis have contributed significant data to answer the study aims and to contribute to the literature on the use of online social support by survivors of sexual violence. The findings of each of the three studies have been previously discussed in chapters four, five and six. This chapter will discuss the overall themes noted across the three studies in order to benefit from the mixed-method, netnographic approach to this thesis.

7.3 Netnographic methodology

The present thesis explored a form of online support site as a contemporary site for the delivery of social support for survivors of sexual violence. Netnography (or online ethnography) was a particularly beneficial approach to meeting this study aim as the approach allowed for observation of the naturally-occurring behavior of the support group and its members in context. This thesis presented an analytic (or interpretative) integration of multi-methods. Analytic multi-methods describes studies where data has been yielded by different methods that were brought together during analysis to provide an explanation of why and how survivors seek support online (Moran-Ellis *et al.*, 2006). In other words, “the approach resembles triangulation methods in its ambition to view data from different perspectives, seeking not to verify meanings but to add texture to the interpretation of them” (Frost, 2009, p.10).

Research has been typically dominated by the perception that qualitative and quantitative research is based on distinct and competing philosophical principles (namely, positivism and interpretivism) (Brannen, 2005). However, this dichotomy is not as transparent when good methodological practice is to select a method that can appropriately answer the research question and we accept that the majority of research is likely to consist of multiple research questions (Brannen, 2005). In the present thesis, the fundamental research aim of investigating the emerging role of the Internet as a role of social support for survivors of sexual violence may be informed by a realist epistemology. The research questions are also informed by interpretivist assumptions (for example concerning how people make sense of their actions across the three studies) (Brannen, 2005). In this sense, the conceptualization of research questions in the present thesis is informed by both “philosophical and pragmatic issues”, where mixed methods are used to study survivors’ use of Internet support generally, while also portraying these experiences in-depth (Brannen, 2005, p.8).

Further, the qualitatively-driven focus of this study was considered well-suited to the purpose of this research as they are appropriate when investigating

under-researched or novel topics; attempting to understand the significance and meaning of people's experiences; and striving for richer descriptions of life experiences (Riessman, 1993). In particular, it has been argued that using qualitative work as a prelude to another study is particularly useful, as the use of one method as a precursor for another can improve study design and interpretation (Todd *et al.*, 2004). For instance, in the present thesis, decisions made to seek support online on an individual level (as explored in study one) can be used to explain some of the observed types of social support in the online community (as investigated in study two). Furthermore, although the overall thesis was qualitatively driven, the content analyses in studies two and three provided additional, quantitative data for consideration. Harré and Crystal (1994) argue that such additional statistical approaches in mixed-method research in psychology can be very useful in combination with discursive interpretation of study results. The authors maintain that,

We believe that a judicious combination of statistical analyses using data expressed in numerical form, and semantic and narratological interpretations, can be a very powerful method of revealing the sources of regularities in psychological phenomena, combining the virtues of numerical analysis while avoiding the errors of a blanket and unexamined assumption of a causal metaphysics (Harré & Crystal, 1994, p.61).

As argued, a mixed-method approach to investigating the complex nature of social support and sexual victimization has been essential in order to understand the relative importance of different types of support in an online context, which will be of benefit to mental health practitioners, researchers, and survivors of sexual violence.

Specifically, study one employed narrative analysis to investigate how people use stories to make sense of their trauma. Narrative analysis was deemed the most appropriate method for providing an understanding of why survivors have turned to Survivors Online for support (and what was lacking in their traditional supports). The construction of narratives was a significant social resource for survivors, supporting the choice of narrative analysis as an appropriate methodology for the study. Survivors used narratives to mitigate self-blame and

move beyond unsupportive reactions of their friends and family due, mainly, to support received online.

Study two used directed content analysis to assess the kinds of support deemed most important to survivors in their attempts to cope with their victimization in exchanges on Survivors Online. Emotional support was the primary exchanged support category, followed by informational and esteem support. Study two showed that online support groups present a beneficial support option for survivors of sexual violence. Importantly, the data can be used to inform how online support can be utilized to promote survivors' welfare by addressing their specific support needs. The ability to identify which supports were paramount for survivors based on the previously developed Social Support Behavior Code (Cutrona & Suhr, 1992) validated the choice of directed content analysis selected for this study.

Finally, study three examined how survivors practically use the Internet to cope with their victimization (and what elements of online support are beneficial and detrimental) via conventional content analysis. Study three found that while online support is an important coping strategy for survivors there are some disadvantages associated with relying on online social support, which are important factors of which to be cognizant (i.e. potential for addiction or reading triggering material). Conventional content analysis allowed for an examination of how and why survivors use the Internet; frequency of use; and the identification of benefits and advantages of online support. The selected methodology, therefore, was appropriate for assessing the study's aims.

Across the thesis as a whole, the umbrella issue of social support was obviously important in all three studies. This chapter will firstly discuss the representation of social support generally, and then cover the more specific topics of writing and anonymity. Writing (as a way of communicating social support online) and anonymity are discussed in detail here as the survivors highlighted these topics as being extremely important features of social support across all three studies.

7.3.1 Reflexivity

As discussed in section 3.1.2, reflexivity is an important part of the netnographic process. Reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining "outside of" one's subject matter while conducting research. Reflexivity, then, urges us "to explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research" (Nightingale and Cromby 1999, p.228).

Collecting fieldnote data is part of the netnographic methodology. The researcher's fieldnotes regarding observations of the community are an essential part of data collection as they allow the researcher to create a subjective and positioned record of her journey through the research process (see appendix H for excerpts from my fieldnotes). Collecting fieldnotes recognizes that our participants tell stories about their abuse and, in turn, I tell stories with my research. This process does not assume objectivity, but recognizes the researcher's role in creating, collecting and analyzing data and representing multiple perspectives (Kozinets, 2010). This reflexive process was invaluable during the analytic stages of research as it allowed me to revisit the thoughts, opinions and questions I formed at various stages, and how these subjectivities were reevaluated as I became more familiar with and immersed in the community.

7.4 Social support

As the focus of this thesis was to examine the implications of using the Internet as a source of support for survivors of sexual violence, it is unsurprising that social support was a major theme across the three studies. Generally, study one (chapter four) found that the meanings ascribed to responses to disclosure and social support are absolutely essential in understanding the impact of sequelae and subsequent coping. Survivors' experiences of a lack of social support were seen as evidence of their powerlessness and culpability, leading to poorer adaptation. Experiences of social support, in contrast, were emphasized as life-enhancing. The meaning which survivors ascribed to the revictimization of not being believed and being blamed cannot be minimized or disregarded. This finding is supported by Popiel and Susskind (1985), who maintain that people's personalities are associated with their perceptions of social support (where the personality greatly influences the person's perception and elicitation of support). This argument reflects the need to recognize that people construct meaning in their worlds through negotiation (Gergen, 1985) and that this process should also be recognized in the research on sexual violence and social support. In general, then, the survivors in study one highlighted the online support they received as more useful than the support received in "real life".

In study two (chapter five), understanding the content of support messages was helpful in assessing that emotional support in particular was communicated between members of Survivors Online. This is particularly important when we consider that the participants in study one highlighted the major impact that poor support from family and friends had on their coping. Additionally, a significant amount of survivors do not disclose their abuse to authorities (Arata, 1998; Koss, 1993; Koss *et al.*, 1994) or seek help from crisis centers (Koss, 1985), but still need appropriate support to cope with their victimization. The main findings of study two showed that primarily emotional support (42.6%), followed by informational and esteem support (21.2% and 20.9% respectively) play a strong role in affording support on Survivors Online. This study suggests

that online support groups present a beneficial support option for survivors of sexual violence.

Finally, study three (chapter six) found that Survivors Online is an important resource for most participants and may provide an important coping strategy for people dealing with the psychosocial sequelae of sexual assault. The buffering theory of social support is a useful way of understanding the provision of advantageous social support on Survivors Online. The stress buffer model of social support argues that stress is more harmful to a person with weak social supports than a person with strong social supports (Cobb, 1976), hypothesizing that high levels of social support would result in fewer negative health consequences (Cutrona & Russell, 1987). Generally, it is believed that social supports contribute to buffering against the negative consequences of victimization. Specifically, the site provides a valuable tool where survivors can receive and provide social and support with people experiencing similar issues. The study examined the role of the Internet and online social support groups in meeting the social support needs of survivors in terms of how and why members use the Internet; frequency of use; and how the seeking of online support impacts seeking support offline. It additionally informed about the perceived benefits and disadvantages related to seeking support online for the participants.

The finding that Survivors Online provides advantageous social support while coping with sexual victimization was noted across all three studies, and is further supported by the literature examining the provision of social support in online groups (Braithwaite *et al.*, 1999; Coulson, 2008; Finn, 1999; Preece & Ghozati, 2001; Malik & Coulson, 2008; Winzelberg, 1997). Research has shown that survivors are often crippled by the need for understanding, empathy and validation as a result of their experiences (Orbuch *et al.*, 1994; Wyatt & Newcomb, 1990), which are supports demonstrated to be present on Survivors Online via direct interviews with survivors (study one), assessments of survivors' posts (study two), and directly surveying survivors about the perceived benefits of online supports (study three). This data can be used to inform mental health professionals and policy makers about how online support

may be utilized to promote the welfare of survivors by paying careful attention to the specific needs of survivors (particularly in terms of their need for emotional, informational and esteem support after assault). Practically, survivors may need to be clearly informed about concrete information related to coping with sexual violence (e.g., the availability and cost of therapy in their area) in addition to highlighting the availability of companions and supports as potential emotional supports in the survivor's life.

7.4.1 Optimal matching theory

A possible explanation for the ability of Survivors Online to meet the support needs of survivors is presented by Cutrona and Russell's (1990) optimal matching theory. The theory suggests that certain supports are most associated (and needed) with certain types of stress. The controllability of the situation is particularly influential in determining the type of support required by the individual. Optimal matching theory predicts that stressful events which are viewed as uncontrollable will require more emotional support, whereas informational support is perceived as more beneficial when the person feels the situation is controllable and the information can be used. As noted, emotional support was ranked the most common in study two, supporting Cutrona and Suhr's (1992) optimal matching model, as most members of Survivors Online are distressed about uncontrollable events related to the experience or sequelae of sexual victimization. This was followed by information support-related to coping with the trauma experienced by victimization. Participants in study one also highlighted the massively significant role of social support in coping with sexual victimization by highlighting how a lack of emotional support was particularly detrimental. The survey in study three similarly found that comments about the benefits of the support afforded by Survivors Online focused exclusively on emotional and information support.

Barnes and Duck (1994) and Braithwaite *et al.* (1999) emphasize that support is needed daily, and not just during the experience of stress and trauma. These researchers have recommended the study of support in everyday

communications as these communicative acts form the foundation for support given during times of stress and trauma. In the context of sexual victimization these two forms of support are intermeshed as members seek both daily support and support during times of particular stress and trauma. In this way, coping with sexual victimization can be viewed as having elements that are both controllable and uncontrollable and therefore requiring both emotional and informational support.

Understanding the significance of emotional and informational support to survivors is particularly important for supports ranging from friends to crisis centers as many victim service policies and programs have focused solely on the emotional needs of victims (Kaniasty & Norris, 1992). As Kaniasty and Norris (1992) explain,

Providing support to crime victims is a very complex, involving and delicate process...Being informed about the benefits, difficulties and risks involved in social support processes may help those of us who would be providers to provide more effectively, and help those of us who would be victims to believe that social supports are available (p.236).

Turning now to the specific forms of social support highlighted by the participants across the three studies, textually based social support will be initially discussed.

7.4.2 Text-based social support

The members of Survivors Online had to rely on their typed words, and the typed words of others, to construct meaning, receive and offer social support and to create friendship and community. Thus, the use of written text on Survivors Online emerged as an issue across all three studies, and indicated that many of the participants found the process of writing and reading posts to be beneficial in the provision of support. As we have seen in study one, survivors of sexual violence reported that a lack of support from friends and family was particularly damaging, in contrast to the feelings of support gained through involvement with Survivors Online which was cited as the most important feature of the site. In particular, the survivors explain that the text-based

support they receive online allows them to feel accepted, validated and part of a community.

This has been mirrored in the posts on the online support site (study two), where survivors relied heavily on posts containing written messages of emotional support, which mostly contained empathic or sympathetic content. Additionally, participants in study three specifically highlighted writing as a benefit of Survivors Online, as the reliance on text was also perceived as being beneficial in that it provided survivors with a written record of their online interactions. Participants reported that having the time to consider their comments (and the comments of others) before posting was highly valuable, and something that is not possible in face-to-face interaction.

These findings are also consistent with the literature on narrative therapy, which highlights the benefits of text as a therapeutic device (White & Epston 1990), where members are co-constructing new beliefs and ideas about their experiences of sexual victimization. Neimeyer (2005) maintains that identity is narratively constructed and is a constant, ongoing process to construct a coherent life story that is consistent to the teller (Neimeyer, 2005). As part of this process, Neimeyer (2005) explains that a person's sense of self involves integrating and assimilating novel experiences in a way that still manages to preserve this continuity of the life story and keeps the individual on their path towards a familiar future.

Narratively, trauma can be considered as a challenge the survivor's life story in terms of both autobiographical continuity and construction of their subsequent identity (Neimeyer, 2005). However, this disruption can also have positive consequences, where the survivor may be driven to positively adapt to their victimization by experimenting with new identities or developing new coping skills that lead to personal growth (Neimeyer, 2005). This drive to adapt to victimization has been noted across the thesis as participants highlight Survivors Online as a forum where this change is possible. For instance, study one clearly found that social support from Survivors Online allowed the

participants to use narratives to make sense of their victimization and to maintain their understandings of their identities. Study two showed participants using posts of emotional and informational support to gain sympathy, empathy, and validation in their coping decisions, again facilitating personal growth described by Neimeyer (2005). Finally, study three found that a large amount of participants described Survivors Online as comforting and healing, suggesting that the context of the online support site allows for a safe location to cope.

These findings are further supported by Markham (2003), who argues that as the majority of most data studied in online environments is textual; "*Writing gives appearance to body and thought* (para. 44). While we are taught to think of language as an abstraction, in the online world language is the reality. Online, discursive practices create place, self, and embodiment" (Markham, 2003, para. 44). The results of this thesis suggest that communication which relies solely on typed words can contain powerful messages of emotion and support that are solely textual. Moreover, Lea and Auburn (2001) maintain that attempts to understand sexual violence should concentrate on the language used to account for and describe the experience, taking into account the context of the communication (in this case, online support groups). In fact, Popiel and Susskind (1985) argue that,

The extent to which an event is experienced as stressful depends not merely on the objective characteristics of the event but rather on the individuals' interpretation of that event...Clearly, the stressfulness of the sexual assault depended on the meaning that the subject imposed on the event...Therefore, we advise that researchers *assess that assigned meaning* (p.673).

This meaning was assessed in all three qualitatively-driven studies, supported by direct quotes from the participants. Assessing the assigned meaning of coping with sexual victimization showed that, even though communication was solely textual, participants reported developing important, supportive relationships through the online medium.

7.4.3 Anonymity

The second subtheme of social support noted across the thesis dealt with benefits and risks of social support that were particular to the online medium. While participants in this thesis clearly endorsed the use of Survivors Online in coping with their victimization across all three studies, specifically, anonymity was continuously highlighted by participants across the three studies as a highly important and unique benefit of online support. However, anonymity also posed some risks to participants.

For most participants, anonymity was essential in providing the sense of freedom and confidence necessary to communicate their stories of abuse and support needs to others that they were not prepared to convey in their face-to-face relationships. In study one, participants highlighted that being able to find help and support anonymously was particularly important in seeking support online. Study two noted that tangible support was very low in posts on Survivors Online, most likely due to the high level of anonymity allowed by the site (in other words, it is unlikely that members can offer tangible, practical support to each other if they do not know each other's identity, location, etc.). Study three found that anonymity was considered as a highly attractive aspect of online communication, facilitating openness on the part of the member sharing their very personal experiences, and facilitating honest and truthful responses from other members. These findings are consistent with other studies which suggest that anonymity is of particular benefit to people discussing sensitive experiences online (Christopherson, 2007; Barak *et al.*, 2008; Malik & Coulson, 2010).

Additionally, it is important to note that participants' anonymity was also protected during the research process; at no point were participants requested to reveal their true names or any details that would have identified the members identifying details. Researchers have noted that, as the anonymity of a research setting is increased, the more likely the respondent is to be more honest or disclose more embarrassing information (Turner, Forsyth, O'Reilly, Cooley, Smith, Rogers, and Miller, 1998; Turner, Ku, Rogers, Lindberg, Pleck, and Sonenstein 1998), which may have encouraged the participants to respond more

truthfully to the data collection process across the three studies. In particular, Tourangeau and Smith (1998) report that disclosure is likely to be further enhanced by online data collection methods.

As mentioned, there are also potential risks associated with being anonymous online. In study one, Cathy (see section 4.1.3, extract 12) provided an account of a highly negative online experience when she first sought online support (this did not occur on Survivors Online). Cathy recounts, “I was looking for support, and instead was betrayed and rejected” (Lines 264-265) because she was chatting under her dad’s profile and the site members assumed that she “was a male imposter” (lines 250-251). As study two did not explicitly address risks this topic was not mentioned. However, study three asked participants about drawbacks associated with online support and members highlighted that anonymity also results in a lack of physicality between members (where participants felt their supports could not hug them or drop in for a cup of tea); the potential for harmful people to be unrestricted (although this was highlighted by very few members); and relying too heavily on online support and hiding in the anonymity provided in the online context.

In other words, there is the potential for some members to spend a large amount of time online, thus increasing their sense of isolation from offline relationships and activities. Understanding these contraindications for participation is essential, particularly for professionals considering referring survivors to online groups (this will be further discussed in section 7.5). These findings suggest that it is highly important to consider which survivors may find participation becoming a form of problematic behavior that further disrupts their coping.

7.5 Gender

As Survivors Online aims to support both male and female survivors of sexual violence it is important to comment on gender-related findings across this thesis. Previous research has shown that there are differences between men and women in their experiences of the psychosocial consequences of sexual victimization, although with differing results. For instance, while Larimer *et al.* (1999) found that male survivors reported more symptoms of depression than other male non-survivors in their college sample, Struckman-Johnson (1988) found that men were unlikely to suffer negative emotional consequences after sexual victimization, perhaps due to male roles in society.

The findings of the narrative analysis study support previous research arguing that men are more likely to receive unsupportive responses from healthcare professionals (Yeager & Fogel, 2006), which are likely due to dominant views of masculinity that men should be strong, sexually dominant, and heterosexual (Anderson & Doherty, 2007; Davies, 2002; Doherty & Anderson, 2004), along with the highly gendered cultural expectations of sexual relationships and rape (Doherty & Anderson, 1998). Similarly, Anderson (2004) reported that homophobic beliefs are correlated with blaming male rape victims. Anderson (2007) and Davies (2002) have also noted that this can also then lead to male survivors questioning their sexual orientation (an attribution specific to male survivors), an issue which was notably raised by the male survivors in study one, but not by the female interviewees.

On the surface, the findings of the narrative analysis study seem to support Dhaliwal *et al.*'s (1996) argument that male rape and abuse should be assessed independently of female rape and abuse (because men and women are more likely to experience distinct forms of abuse), this issue is not so straightforward. While men and women have some differences in their experiences (e.g., only the men in study one discussed issues of sexuality related to their abuse), the study also highlights the distinct similarities between men and women in coping with sexual victimization. For both men and women, the construction of narratives

comprised a significant social resource for the survivors, who used narratives to make sense of their victimization and to maintain their understandings of their identities. While this study of survivors has illustrated the diverse settings in which sexual violence occurs; the diversity of responses to this victimization; and the diversity of coping styles and skills amongst survivors, overall, the narratives were used to present the survivors as affected but not defined by their victimization. Therefore, the survivors constructed themselves as resilient by mitigating self-blame and relaying how they have moved beyond the unsupportive reactions of their friends and family. In this sense, there were profound similarities between how men and women used narrative to cope with their victimization.

Study two did not yield any analyzable data in terms of gender as information on gender could not be gathered from the posts made online due to the anonymous nature of the posts made on the online forum. However, the survey conducted in study three did collect information on gender. The results of study three supported the similarities between men and women noted in study one. While these results need to be interpreted with caution due to the comparatively smaller number of men in the sample ($n=16$) compared to women ($n=84$) it is important to note that men and women did not differ significantly on any of the measures of Internet usage, and what the survivors perceived as advantageous or disadvantageous about online support.

These findings suggest that professionals should focus on how the trauma may manifest, rather than on specific differences between men and women. As highlighted by Finkelhor and Browne (1985), the concern should not be comparative severities of abuse, “but rather what specific injurious dynamics were present” (p.538).

7.6 Overall implications for professionals working with survivors of sexual violence

Survivors Online was perceived to be a significant source of support for participants. It is therefore logical to assume that survivors of sexual violence will continue to access online social supports in the future, which means that this research topic is of particular importance to all professionals working with survivors of sexual violence.

Firstly, findings that unsupportive behavior can seriously negatively impact survivors' coping is particularly important in working towards an understanding of what specific behaviors are harmful and how they affect survivors (Davis *et al.*, 1991).

Secondly, this thesis has noted the importance of creating narratives in an online context in the provision of social support on Survivors Online. As participants rely on written text to communicate, it is important to recognize that, therapeutically, researchers have noted that this written record allows survivors to monitor their progress in coping (Epston & White, 1990). While the present thesis did not assess the therapeutic aspect of Survivors Online, future research should consider documenting the narrative content of members' posts longitudinally to investigate this phenomenon to further inform professionals on methods of working with survivors of sexual violence.

Thirdly, in study three, over 64% of participants indicated that they had, or were currently using, professional, therapeutic services. Several of the participants also highlighted that online support was used in addition to (rather than in place of) professional support. Combined with the finding that participants overwhelmingly indicated that the online support group was beneficial, the general willingness of members to utilize professional services has important implications for encouraging collaboration between professionals, online support groups and survivors in facilitating the coping of survivors of sexual violence. Participants (in study three) also commented that the support they

received online allowed them to gain the confidence to seek face-to-face support from a counselor. These findings suggest that professionals should consider ways to collaborate with online support groups in encouraging survivors to also seek professional support.

Finally, while this study strongly suggests that online support groups are a viable and important avenue of support for survivors, professionals need to also be aware that there are risks associated with online participation for survivors. Potential members should be aware that their posts might be read by countless numbers of people (even if the site requires membership and registration), so survivors must take steps to ensure their safety online. Additionally, although Survivors Online is very busy support group, there is no guarantee that someone in crisis will receive a response to a posted message immediately. Members should also be aware that there is the potential to have negative, triggering experiences in the online group and to realize that the site does not function as a crisis center. Put simply, while professionals cannot be expected to control survivors' use of online support groups, they are in an invaluable position to make potential members aware of both the benefits and risks of use. Future research should also consider the responsibility professionals may assume if they recommend online groups as a source of support to their clients and a client has a negative online experience. The education of potential online group members about these risks and benefits may be very important in dealing with many of these issues, further highlighting the importance of research in this area.

7.7 Conclusion

This thesis has argued that a netnographic approach to the examination of the implications of using the Internet as a source of support for survivors of sexual violence provides a valuable methodological framework for integrating many of the subtler aspects of survivors seeking social support online. No one method could access all the data across the three studies discussed here.

We must not forget that sexual violence manifests in many forms and is widespread around the globe, and that a lack of understanding of the issues involved invalidate survivors' experiences and suggest a lack of commitment to ensuring survivors' wellbeing (Koss *et al.*, 1994). It is clear that social support buffers against the negative physical, cognitive, and emotional sequelae of sexual victimization (Ullman, 1999, 2010), but that receiving face-to-face support can be limited due to a lack of willingness to disclose the abuse or to talk openly about their victimization (McNulty & Wardle, 1994). Therefore, as survivors turn to online support in order to cope with sexual victimization, so must psychology to inform about this novel support context.

In agreement with the previous research examining survivors' use of online social support (Finn & Lavitt, 1994; Moursund, 1997), the present thesis supports the finding that online support groups provided beneficial support for survivors of sexual violence due to the safety afforded by anonymity, control of presentation and interactions, and emotional meaningfulness of the contact between members.



Bibliography

- Abell, J. & Stokoe, E. (1999). "I take full responsibility, I take some responsibility, I'll take half of it but no more than that": Princess Diana and the negotiation of blame in the 'Panorama' interview. *Discourse Studies*, 1(3), 297-319.
- Abercrombie, N., Hill, S. & Turner, B. (2000). *The Penguin Dictionary of Sociology*. London, UK: Penguin.
- Acierno, R., Resnick, H., Flood A., & Holmes, M. (2003). An acute post-rape intervention to prevent substance use and abuse. *Addictive Behaviors*, 28(9), 1701-1715.
- Ahrens, C., Campbell, R., Ternier-Thames, N., Wasco, S., & Sefi, T. (2007). Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosures. *Psychology of Women Quarterly*, 31(1), 38-49.
- Altheide, D. (1987). Ethnographic content analysis. *Qualitative Sociology*, 10(1), 65-77.
- Altman, D. (2000). *Statistics with Confidence*. London: BMJ Books.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Anderson, I. (2004). Explaining negative rape victim perception: Homophobia and the male rape victim. *Current Research in Social Psychology*, 10, 44-57.
- Anderson, I. (2007). What is typical rape? Effects of victim and participant gender in female and male rape perception. *British Journal of Social Psychology*, 46, 225-245.
- Anderson, I. & Doherty, K. (2007). *Accounting for rape: psychology, feminism and discourse analysis*. London: Routledge.
- Arata, C. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment*, 3(1), 63-71.
- Auburn, T. & Lea, S. (2003). Doing cognitive distortions: A discursive psychology analysis of sex offender treatment talk. *British Journal of Social Psychology*, 42(2), 281-298.
- Barak, A., Boniel-Nissim, M. & Suler, J. (2008). Fostering Empowerment in Online Support Groups. *Computers in Human Behavior*, 24(5), 1867-1883.
- Barnes, M. & Duck, S. (1994). Everyday communicative contexts for social support. In B. Burleson, T. Albrecht, & I. Sarason (Eds.), *Communication of social support: Messages, interactions, relationships and community* (pp. 175-194). Thousand Oaks, CA: Sage.

- Basile K. & Saltzman L. (2002), *Sexual violence surveillance: Uniform definitions and recommended data element (Version 1.0)*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Bloom, S. (2002). *Inside the writer's mind: Writing narrative journalism*. Ames, Iowa: Iowa State Press.
- Boney-McCoy, S., & Finkelhor, D. (1996). Is youth victimization related to trauma symptoms and depression after controlling for prior symptoms and family relationships? A longitudinal, prospective study. *Journal of Consulting and Clinical Psychology*, 64, 1406-1416.
- Braithwaite, D., Waldron, V., & Finn, J. (1999). Communication of social support in computer-mediated groups for people with disabilities. *Health Communication*, 1, 123-151.
- Brannen, J. (2005). Mixed methods research: A discussion paper. NCRM Methods Review Papers. Retrieved from: <http://eprints.ncrm.ac.uk/89/1/MethodsReviewPaperNCRM%2D005.pdf>.
- Briere, J. (1992). Methodological issues in the study of sexual abuse effects. *Journal of Consulting and Clinical Psychology*, 60, 196-203.
- Briere, J. & Jordan, C. (2004). Violence against women: Outcome complexity and implications for treatment. *Journal of Interpersonal Violence*, 19, 1252-1276.
- Briere, J. & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse and Neglect*, 14, 357-364.
- Briere, J. & Runtz, M. (1993). Childhood sexual abuse: Long-term sequelae and implications for psychological assessment. *Journal of Interpersonal Violence*, 8(3), 312-330.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99, 66-77.
- Bruner, J. (1987). *Actual Minds, Possible Worlds*. Cambridge: Harvard University Press.
- Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18, 1-21.
- Bryman, A. (n.d.). *Triangulation*. Retrieved from: <http://www.referenceworld.com/sage/socialscience/triangulation.pdf>.
- Burnell, K., Hunt, N. & Coleman, P. (2006). Using narrative analysis to investigate the role of social support in the reconciliation of traumatic war memories. *Health Psychology Update*, 15(3), 37-40.

- Burnell, K., Hunt, N. & Coleman, P. (2009). War and narrative. *Narrative Inquiry*, 19(1), 91-105.
- Burnell, K., Coleman, P. & Hunt, N. (2010). Coping with traumatic memories: WWII veterans' experiences of social support in relation to narrative coherence of war memories. *Ageing and Society*, 30, 57-78.
- Burt, M. (1980). Cultural myths and support for rape. *Journal of Personality and Social Psychology*, 38(2), 217-230.
- Burt, M. & Katz, B. (1988). Coping strategies and recover from rape. *Annals of the New York Academy of Sciences*, 528, 345-358.
- Campbell, R. (2001). *Mental Health Services for Rape Survivors: Current Issues in Therapeutic Practice*. Minnesota, USA: Minnesota Center Against Violence and Abuse. Retrieved February 24, 2012, from <http://www.mincava.umn.edu/documents/commissioned/campbell/campbell.html>.
- Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, and Abuse*, 10, 225-246.
- Cavanaugh, R. M. (2002). Self-mutilation as a manifestation of sexual abuse in adolescent girls. *Journal of Pediatric Adolescent Gynecology*, 15, 97-100.
- Chen, P. & Hinton, S. (1999). Realtime interviewing using the World Wide Web. *Sociological Research Online*, 4(3). Retrieved from www.socresonline.org.co.uk/socresonline/4/3/chen.html.
- Christopherson, K. (2007). The positive and negative implications of anonymity in Internet social interactions: "On the Internet, nobody knows you're a dog." *Computers in Human Behavior*, 23, 3038-3056.
- Clarke, D. (2004). "Structured judgment methods" – the best of both worlds? In Z. Todd, B. Nerlich, S. McKeown, & D. Clarke (Eds.), *Mixing methods in psychology: The integration of qualitative and quantitative methods in theory and practice* (pp. 79-99). Hove, UK: Psychology Press.
- Clark H., Masson C., Delucchi K., Hall, S., & Sees K. (2001). Violent traumatic events and drug abuse severity. *Journal of Substance Abuse Treatment*, 20(2), 121-127.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.
- Coffey, M., Dugdill, L. & Tattersall, A. (2004). Stress in social services: Mental well-being, constraints and job satisfaction. *British Journal of Social Work*, 34(5), 735-47.

- Cohen, J. & Mannarino, A. (1988). Psychological symptoms in sexually abused girls. *Child Abuse and Neglect*, 12, 571-577.
- Cohen, S. & Willis, T. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310-357.
- Coid, J., Petruckevitch, A., Chung, W., Richardson, J., Moorey, S. & Feder, G. (2003). Abusive experiences and psychiatric morbidity in women primary care attenders. *British Journal of Psychiatry*, 183, 332-339.
- Cole, P. & Putnam, F. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology*, 60, 174-184.
- Conte, J. & Schuerman, J. (1987). Factors associated with an increased impact of child sexual abuse. *Child Abuse and Neglect*, 11, 201-211.
- Coulson, N. (2005). Receiving social support online: an analysis of a computer-mediated support group for individuals living with irritable bowel syndrome. *CyberPsychology & Behavior*, 8(6), 580-584.
- Coulson, N. (2008). Health-related virtual communities: An overview. *Health Psychology Update*, 17(1), 37-41.
- Coulson, N., Buchanan, H., & Aubeeluck, A. (2007). Social support in cyberspace: a content analysis of communication within a Huntington's Disease online support group. *Patient Education and Counseling*, 68(2), 173-178.
- Coulson, N. & Knibb, R. (2007). Coping with food allergy: Exploring the role of the online support group. *CyberPsychology & Behaviour*, 10(1), 145-148.
- Coursaris, C. & Liu, M. (2009). An Analysis of Social Support Exchanges in Online HIV/AIDS Self-Help Groups. *Computers in Human Behavior*, 25(4), 911-918.
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). London: Sage.
- Crichton, S. & Kinash, S. (2003). Virtual ethnography: Interactive interviewing online as method. *Canadian Journal of Learning and Technology*, 29(2).
- Crome, S. & McCabe, M. (2001). Adult rape scripting within a victimological perspective. *Aggression and Violent Behaviour*, 6, 395-413.
- Culver, J., Gerr, F., & Frumkin, H. (1997). Medical information on the Internet: a study of an electronic bulletin board. *Journal of General Internal Medicine*, 12, 466-470.

Currier, J. & Neimeyer, R. (2006). Fragmented stories: The narrative integration of violent loss. In E. Ryneason (Ed.), *Violent death: Resilience and intervention beyond the crisis* (pp. 85-100). New York: Routledge.

Cutrona, C. (1989). Ratings of social support by adolescents and adult informants: Degree of correspondence and prediction of depressive symptoms. *Journal of Personality and Social Psychology*, 57, 723-730.

Cutrona, C. & Russell, D. (1987). The provisions of social relationships and adaptation to stress. *Advances in Personal Relationships*, 1, 37-67.

Cutrona, C. & Russell, D. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In I. Sarason, B. Sarason, & G. Pierce (Eds.), *Social support: An interactional view* (pp. 319-366). New York: Wiley.

Cutrona, C. & Suhr, J. (1992). Controllability of stressful events and satisfaction with spouse support behaviors. *Communication Research*, 19, 154-176.

Darves-Bornoz, J., Lepine, J., Choquet, M., Berger, C., Degiovanni, A. & Gaillard, P. (1998). Predictive factors of chronic Post-Traumatic Stress Disorder in rape victims. *European Psychiatry* 13, 281-287.

Davidson, J., Tupler, L., Wilson, W., & Connor, K. (1998). A family study of chronic post-traumatic stress disorder following rape trauma. *Journal of psychiatric research*, 32(5), 301-309.

Davies, C. (1999). *Reflexive ethnography: A guide to researching selves and others*. London, UK: Routledge.

Davies, M. (2002). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression and Violent Behavior*, 7, 203-214.

Davis, R., Brickman, E., & Baker, T. (1991). Supportive and unsupportive responses of others to rape victims: Effects on concurrent victim adjustment. *American Journal of Community Psychology*, 19(3), 443-451.

De Veaux, R., Velleman, P. & Bock, D. (2011). *Stats: Data and models*. London: Addison-Wesley.

Dhaliwal, G., Gauzas, L., Antonowicz, D. & Ross, R. (1996). Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse characteristics, and long-term effects. *Clinical Psychology Review*, 16(7), 619-639.

Doherty, K. & Anderson, I. (1998). Talking about rape: Perpetuating rape supportive culture. *The Psychologist*, 11(12), 583-587.

Doherty, K., & Anderson, I. (2004). Making sense of male rape: constructions of gender, sexuality and experience of rape victims. *Journal of Community & Applied Social Psychology*, 14(2), 85–103.

Dunmore, E., Clark, D., & Ehlers, A. Cognitive factors in persistent versus recovered post-traumatic stress disorder after physical or sexual assault: A pilot study. *Behaviour and Cognitive Psychotherapy*, 25, 147–159.

Dyb, G., Holen, A., Steinberg, A., Rodriguez, N. & Pynoos, R. (2003). Alleged sexual abuse at a day care center: Impact on parents. *Child Abuse and Neglect*, 27, 939-950.

Eastin, M. & LaRose, R. (2005). Alt.support: modeling social support online. *Computers in Human Behavior*, 21, 977-992.

Edwards, D. (1998). The relevant thing about her: Social identity categories in use. In C. Antaki & S. Widdicombe (Eds.), *Identities in talk* (pp. 15-33). London: Sage.

Ellis, E. (1983). A review of empirical rape research: Victim reactions and response to treatment. *Clinical Psychology Review*, 3(4), 473-490.

Ellsberg, M. & Heise, L. (2005). *Researching violence against women*. Washington, D.C.: World Health Organization.

Epston, D. & White, M. (1992). *Experience, contradiction, narrative and imagination: Selected papers of David Epston & Michael White, 1989-1991*. Adelaide, South Australia: Dulwich Centre Publications.

Esquivel, A., Meric-Bernstam, F., & Bernstam, E. (2006). Accuracy and self correction of information received from an Internet breast cancer list: Content analysis. *British Medical Journal*, 332(7547), 939-942.

Ewick, P. & Silbey, S. (2003). Narrating Social Structure: Stories of Resistance to Legal Authority. *American Journal of Sociology* 108(6), 1328-72.

Feinauer, L. & Stuart, D. (1996). Blame and Resilience in Women Sexually Abused as Children. *American Journal of Family Therapy*, 24, 31-40.

Feiring, C., Taska, L., & Lewis, M. (1996). A process model for understanding adaptation to sexual abuse: The role of shame in defining stigmatisation. *Child Abuse and Neglect*, 20(8), 767-782.

Fetterman, D. (1998). *Ethnography: Step by Step*. Thousand Oaks, CA: Sage.

Finfgeld, D. (2000). Therapeutic groups online: The good, the bad, and the unknown. *Issues in Mental Health Nursing*, 21, 241-255.

- Finkelhor, D. (1990). Early and long term effects of child sexual abuse: An update. *Professional Psychology: Research & Practice*, 21(5), 325-330.
- Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children*, 4(2), 31-53.
- Finkelhor, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530-541.
- Finn, J. & Lavitt, M. (1994). Computer-based self-help/mutual aid groups for sexual abuse survivors. *Social Work with Groups*, 17, 21-46.
- Fisher, B., Cullen, F., & Turner, M. (2000). *The Sexual Victimization of College Women*. Washington, DC: Bureau of Justice Statistics. Retrieved from <http://www.ncjrs.gov/pdffiles1/nij/182369.pdf>.
- Fleming, J., Mullen, P., Sibthorpe, B., & Bammer, G. (1999). The long-term impact of childhood sexual abuse in Australian women. *Child Abuse and Neglect*, 23, 145-159.
- Fogel, J., Albert, S., Schnabel, F., Ditkoff, B., & Neugut, A. (2001). Quality of health information on the Internet. *Journal of the American Medical Association*, 286(17), 2093-2095.
- Fontes, L. (2004). Ethics in violence against women research: The sensitive, the dangerous and the overlooked. *Ethics & Behavior* 14(2): 141-174.
- Frazier, P. (1990). Victim attributions and post-rape trauma. *Journal of Personality and Social Psychology*, 59, 298-304.
- Frazier, P., Tashiro, T., Berman, M., Steger, M., & Long, J. (2004). Correlates of levels and patterns of positive life changes following a sexual assault. *Journal of Consulting and Clinical Psychology*, 72, 19-30.
- Frost, N. (2009). 'Do you know what I mean?': The use of a pluralistic narrative analysis approach in the interpretation of an interview. *Qualitative Research*, 9(1), 9-29.
- Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist*. 40(3), 266-275.
- Gooden, R., Winefield, H. (2007). Breast and prostate cancer online discussion boards: A thematic analysis of gender differences and similarities. *Journal of Health Psychology*, 12, 103-114.
- Green, S. (2003). "What do you mean 'what's wrong with her?'" Stigma and the lives of families of children with disabilities. *Social Science and Medicine*, 57, 1361-1374.

- Greenberg, M. & Stone, A. (1992). Emotional disclosure about traumas and its relation to health: Effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology*, 63(1), 75-84.
- Grimstad, H. & Schei, B. (1999). Pregnancy and delivery for women with a history of child sexual abuse. *Child Abuse and Neglect*, 23(1), 81-90.
- Hammersley, M. (1996). The relationship between qualitative and quantitative research: Paradigm loyalty versus methodological eclecticism. In J. Richardson (Ed.), *Handbook of Research in Psychology and the Social Sciences*. Leicester, UK: BPS Books.
- Hammersley, M. (2005). *Troubles with triangulation*. Paper presented at Mixed Methods Workshop, ESRC, Research Methods Programme, Manchester, UK
- Hammond, C. (2005). The wider benefits of adult learning: An illustration of the advantages of multi-method research. *International Journal of Social Research Methodology*, 8(3), 239-255.
- Harré, R. & Crystal, D. (2004). Discursive analysis and the interpretation of statistics. In Z. Todd, B. Nerlich, S. McKeown, & D. Clarke (Eds.), *Mixing methods in psychology: The integration of qualitative and quantitative methods in theory and practice* (pp. 59-79). Hove, UK: Psychology Press.
- Harvey, M., Mishler, E., Koenen, K., & Harney, P. (2000). In the aftermath of sexual abuse: Making and remaking meaning in narratives of trauma and recovery. *Narrative Inquiry*, 10, 291-311.
- Hearn, J., Andersson, K. & Cowburn, M. (2007). Background Paper on Guidelines for Researchers on Doing Research with Perpetrators of Sexual Violence. Project Report. Sexual Violence Research Initiative. Huddersfield, UK: University of Huddersfield.
- Herman, J. (1997). *Trauma and recovery*. New York, NY: Basic Books.
- Hinchcliffe, V. & Gavin, H. (2009). Social and virtual networks: Evaluating synchronous online interviews using instant messenger. *The Qualitative Report*, 14(2): 318-340.
- Hine, C. (2000). *Virtual Ethnography*. London: Sage.
- Ho, S. & McLeod, D. (2008). Social-psychological influences on opinion expression in face-to-face and computer mediated communication. *Communication Research*, 3(2): 190-207.
- Hoch, D., Norris, D., Lester, J., & Marcus, A. (1999) Information exchange in an epilepsy forum on the World Wide Web. *Seizure*, 8(1), 30-34.

- Holmes, G., Offen, L., Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review*, 17, 69-88.
- Holmes, M., Resnick, H., Kilpatrick, D., & Best, C. (1996). Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology*, 175, 320-325.
- Home Office (2005). *Violence against women and girls*. Retrieved from <http://www.homeoffice.gov.uk/crime/violence-against-women-girls/>.
- Horrigan, J. & Rainie, L. (2002). *Getting serious online: As Americans gain experience, they use the Web more at work, write emails with more significant content, perform more online transactions, and pursue more activities online*. Washington, DC: Pew Research Foundation. Retrieved from http://www.pewInternet.org/~media//Files/Reports/2002/PIP_Getting_Serious_Online3ng.pdf.pdf.
- Horton-Salway, M. (2001). The construction of M.E.: The discursive action model. In M. Wetherell, S. Taylor, & S. Yates (Eds.), *Discourse as Data: A guide for analysis*. London: Sage Publications/Open University.
- Hsieh, H. & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Hunter, S. (2010). Evolving narratives about childhood sexual abuse: Challenging the dominance of the victim and survivor paradigm. *The Australian and New Zealand Journal of Family Therapy*, 31(2): 176-190.
- Internet World Stats (2011). *Internet Usage Statistics*. Retrieved from <http://www.Internetworldstats.com/stats.htm>.
- Jick, T. (1979). Mixing qualitative and quantitative methods: Triangulation in action. *Administrative Science Quarterly*, 24(4), 602-611.
- Josselson, R. (1996). *The space between us: Exploring the dimensions of human relationships*. Thousand Oaks, CA: Sage.
- Josselson, R., & Lieblich, A. (1993). *The narrative study of lives*. Thousand Oaks, CA: Sage.
- Josselson, R., & Lieblich, A. (1995). *Interpreting Experience: The Narrative Study of Lives*. Thousand Oaks, CA: Sage.
- Jumper, S. (1995). A meta-analysis of the relationship of child sexual abuse to adult psychological adjustment. *Child Abuse and Neglect*, 19(6), 715-728.
- Kaniasty, K. & Norris, F. (1992). Social support and victims of crime: Matching event, support and outcome. *American Journal of Community Psychology*, 20(2),

211-241.

Kayany, J. (1998). Contexts of uninhibited online behavior: Flaming in social newsgroups on the UseNet. *Journal of American Society for Information Science*, 49(12), 1135-1141.

Kenney, J., Reinholtz, C., & Angelini, P. (1997). Ethnic differences in childhood and adolescent sexual abuse and teenage pregnancy. *Journal of Adolescent Health*, 21, 3-10.

Kilpatrick, D. (2000). *The mental health impact of rape*. Retrieved from <http://www.musc.edu/vawprevention/research/mentalimpact.shtml>.

Kilpatrick, D., Veronen, L., & Best, C. (1985). Factors predicting psychological distress among rape victims. In C. Figley (Ed.), *Trauma and its wake* (pp.113-141). New York: Brunner.

Kilpatrick, D., Saunders, B., Veronen, L., Best, C., & Von, J. (1987). Criminal victimization: Life time prevalence, reporting to the police and psychological impact. *Crime and Delinquency*, 33, 479-489.

Kilpatrick, D., Edmunds, C., & Seymour, A. (1992). *Rape in America: A report to the nation*. Arlington, VA: National Center for Victims of Crime.

Kilpatrick, D. & Ruggiero, K. (2004). *Making sense of rape in America: Where do the numbers come from and what do they mean?* Charleston, SC: National Crime Victims Research and Treatment Center.

Kilpatrick, D., and Saunders, B. (1997). *Prevalence and consequences of child victimization: Results from the National Survey of Adolescents*. Washington, DC: US Department of Justice.

Kogan, S. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse and Neglect*, 28, 147-165.

Kolivas, E. & Gross, A. (2007). Assessing sexual aggression: Addressing the gap between rape victimization and perpetration prevalence rates. *Aggression and Violent Behavior*, 12(3), 315-328.

Koss, M. (1985). The hidden rape victim: Personality, attitudinal and situational characteristics. *Psychology of Women Quarterly*, 9, 193-212

Koss, M. (1993). Detecting the scope of rape: A review of prevalence research methods. *Journal of Interpersonal Violence*, 8(2), 198-222.

Koss, M., Heise, L. & Russo, N. (1994). The global health burden of rape. *Psychology of Women Quarterly*, 18, 509-537.

- Koverola, C., Proulx, J., Battle, P. & Hanna, C. (1996). Family functioning as predictors of distress in revictimized sexual abuse survivors. *Journal of Interpersonal Violence*, 11(2), 263-280.
- Kozinets, R. (1998). On netnography: Initial reflections on consumer investigations of cyberculture. In J. Alba & W. Hutchinson (Eds.), *Advances in Consumer Research*, Vol. 25 (pp.366-371). Provo, UT: Association for Consumer Research.
- Kozinets, R. (2002). The Field behind the Screen: Using Netnography for Marketing Research. *Journal of Marketing Research*, 39, 61-72.
- Kozinets, R. (2010). *Netnography: Doing ethnographic research online*. Thousand Oaks, CA: Sage.
- Krippendorff, K. (2004). *Content Analysis: An introduction to its methodology*, 2nd Edition. Thousand Oaks, CA: Sage
- Klemm, P., Reppert, K. & Visich, L. (1998). A non-traditional cancer support group: The Internet. *Computers in Nursing*, 16, 31-36.
- Kraut, R., Mukhopadhyay, T., Szczypula, J., Kiesler, S., & Scherlis, W. (1998). Communication and information: Alternative uses of the Internet in households. *Information Systems Research*, 10, 287-303.
- Küntay, A. & Ervin-Tripp, S. (1997). Narrative structure and conversational circumstances. *Journal of Narrative and Life History*, 7 (1-4), 113-120.
- Labov, W. & Waletzky, J. (1967). Narrative analysis. In J. Helm (Ed.), *Essays on the Verbal and Visual Arts* (pp.12-44). Seattle: University of Washington Press.
- Lakey, B. & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. Underwood, & B. Gottlieb (Eds.), *Social support measurement and intervention* (pp. 29-52). New York: Oxford University Press.
- Lamb, S. (1999). Constructing the victim: Popular images and lasting labels. In S. Lamb (Ed.), *New versions of victims: Feminists struggle with the concept* (pp. 108-138). New York: New York University Press.
- Lamb, S. & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Interpersonal Violence*, 9, 307-326.
- Langer, R. & Beckman, S. (2005). Sensitive Research topics: Netnography revisited. *Qualitative Market Research* 8(2), 189-203.
- Larimer, M., Lydum, A., Anderson, B. & Turner, A. (1999). Male and female recipients of unwanted sexual contact in a college student sample: Prevalence rates, alcohol use and depression symptoms. *Sex Roles*, 40(3/4), 295-308.

- Lea, S. (2007). A discursive investigation into victim responsibility in rape. *Feminism and Psychology*, 17(4), 495-514.
- Lea, S. & Auburn, T. (2001). The social construction of rape in the talk of a convicted rapist. *Feminism & Psychology*, 11(1), 11-33.
- Leavy, P. (2000). Feminist content analysis and representative characters. *The Qualitative Report*, 5(1/2). Retrieved from: <http://www.nova.edu/ssss/QR/QR5-1/leavy.html>.
- Leisenring, A. (2006). "Confronting 'victim' discourses: The identity work of battered women." *Symbolic Interaction*, 29(3), 307-330.
- Leitner, L. M. (1999). Levels of awareness in experiential personal construct psychotherapy. *Journal of Constructivist Psychology*, 12, 239-252.
- Leitner, L., Faidley, A., & Celentana, M. (2000). Diagnosing human meaning making: An experiential constructivist approach. In R. Neimeyer & J. Raskin (Eds.), *Constructions of disorders: Meaning-making frameworks for psychotherapy* (pp. 175-203). Washington, DC: American Psychological Association.
- Lieberman, M., & Goldstein, B. (2005). Self help online: An outcome evaluation of breast cancer bulletin boards. *Journal of Health Psychology*, 10, 855-862.
- Lieblich, A. & R. Josselson (1994). *The narrative study of lives: Exploring identity and gender*. Thousand Oaks, Ca.: Sage.
- Lincoln, Y. & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Linde, C. (1993) *Life stories: the creation of coherence*. New York: Oxford University Press.
- Living Well (2010). *Getting back on track after rape or sexual assault: Information for men*. Retrieved from <http://www.livingwell.org.au/Adultsexualassault/Gettingbackontrackafterrapeorsexualassault.aspx>.
- Lofland, J. & Lofland, L. (1984). *Analyzing social settings*. Belmont, CA: Wadsworth Publishing Company.
- Malik, S. & Coulson, N. (2008). Computer-mediated infertility support groups: An exploratory study of online experiences. *Patient Education and Counseling*, 73(1), 105-113.
- Markham, A. (2003). Representation in online ethnography: A matter of context sensitivity. In M. Johns, S. Chen, & J. Hall, *Online social research: Theory, method, practice* (pp. 141-168). New York: Peter Lang.

- Mason, J. (2006). Mixing methods in a qualitatively driven way. *Qualitative Research* 6(1), 9-25.
- May, V. (March, 2010). *What is narrative analysis?* Realities: Part of the ESRC National Centre for Research Methods. Retrieved from: <http://www.methods.manchester.ac.uk/events/whatis/narrativeanalysis.pdf>.
- McFarlane, J., Groff, J., O'Brien, J., & Watson, K. (2006). Secondary prevention of intimate partner violence: A randomized controlled trial. *Nursing Research*, 55(1), 52-61.
- McIntosh, J. & McKeganey, N. (2000). Addicts' narratives of recovery from drug use: constructing a non-addict identity. *Social Science and Medicine*, 50, 1501-1510.
- McNulty, C., & Wardle, J. (1994). Adult disclosure of sexual abuse: A primary cause of psychological distress? *Child Abuse and Neglect*, 18, 549-555.
- Moursund, J. (1997). Sanctuary: Social support on the Internet. In J. Behar, (Ed.), *Mapping Cyberspace: Social Research on the Electronic Frontier* (pp.53-78). New York: Dowling Collage Press.
- McQuail, D. (2005). *McQuail's mass communication theory*. Thousand Oaks, CA: Sage.
- Meho, L. (2006). Email interviewing in qualitative research. *Journal of the American Society for Information Science and Technology*, 57(10): 1284-1295.
- Meier, A. (2004). Technology-mediated groups. In C. Garvin, L. Gutierrez & M. Galinsky (Eds.), *Handbook of social work with groups* (pp. 479-503). New York: Guilford.
- Mishler, E. (1986). *Research interviewing: context and narrative*. London : Harvard University Press.
- Mishler, E. (2005). Patients stories, narratives of resistance, and the ethics of humane care: A la recherche du temps perdu. *Health*, 4, 231-51.
- Mo, P. & Coulson, N. (2008). Exploring the communication of social support within virtual communities: A content analysis of messages posted to an online HIV/AIDS support group. *CyberPsychology and Behaviour*, 11(3), 371-374.
- Moran-Ellis, J., Alexander, V., Cronin, A., Dickinson, M., Fielding, J., Sleney, J., & Thomas, H. (2006). Triangulation and integration: Processes, claims and implications. *Qualitative Research*, 6(1), 45-59.
- Muehlenhard, C., Powch, I., Phelps, J., & Giusti, L. (1992). Definitions of rape: Scientific and political implications. *Journal of Social Issues*, 48, 23-44.

- Muller, R., Caldwell, R., & Hunter, J. (1991). *The victim blame process in survivors of physical child abuse*. East Lansing, MI: Michigan State University.
- Nash, M., Hulse, T., Sexton, M., Harralson, T., & Lambert, W. (1993). Long-term sequelae of childhood sexual abuse: Perceived family environment, psychopathology, and dissociation. *Journal of Consulting and Clinical Psychology*, 61(2), 276-283.
- Neimeyer, R. (2005). Widowhood, grief and the quest for meaning: A narrative perspective on resilience (pp.227-252). In D. Carr, R. Nesse, & C. Wortman (Eds.), *Late life widowhood in the United States*. New York: Springer.
- Neimeyer, R. (2006). Re-storying loss: Fostering growth in the posttraumatic narrative. In L. Calhoun & R. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp.68-80). Mahwah, NJ: Lawrence Erlbaum.
- Nelson, E., Heath, A., Madden, P., Cooper, M., Dinwiddie, S., Bucholz, K., et al. (2002). Association between self-reported childhood sexual abuse and adverse psychosocial outcomes. *Archives of General Psychiatry*, 59(2), 139-145.
- Neuendorf, K. A. (2002). *The content analysis guidebook*. Thousand Oaks, CA: Sage.
- Newman, E., Kaloupek, D., Keane, T. & Folstein, S. (1997). Ethical issues in trauma research: The evolution of an empirical model for decision-making. In G.. Kantor & J. Jasinski (Eds.), *Out of the darkness: Contemporary perspectives on family violence* (pp. 271–281). Newbury Park, CA: Sage.
- Newman, E., Walker, E. & Gefland, A. (1999). Assessing the ethical costs and benefits of trauma-focused research. *General Hospital Psychiatry*, 21, 187–196.
- Ochs, E. (1997). Cultural dimensions of language acquisition. In N. Coupland & A. Jaworski (Eds.), *Sociolinguistics: A reader* (pp. 430-437). New York: St. Martin's Press.
- Olstad, R., Sexton, H., Sjøgaard, A. (2001). The Finnmark Study. A prospective population study of the social support buffer hypothesis, specific stressors and mental distress. *Social Psychiatry and Psychiatric Epidemiology*, 36(12), 582-589.
- Orbuch, T., Harvey, J., Davis, S., & Merbach, N. (1994). Account-making and confiding as acts of meaning in response to sexual assault. *Journal of Family Violence*, 9, 249-264.
- Orlikowski, W. & Baroudi, J. (1991). Studying information technology in organizations: Research approaches and assumptions. *Information Systems Research*, 2, 1-28.

- Owen, J., Yarbrough, E., Vaga, A., & Tucker, D. (2003). Investigation of the effects of gender and preparation on quality of communication in Internet support groups. *Computers in Human Behavior*, 19, 259-275.
- Palmer, S., Brown, R., Rae-Grant, N., & Loughlin, J. (1999). Responding to children's disclosure of familial abuse: What survivors tell us. *Child Welfare*, 2(78), 259-282.
- Parker, I. (2005). *Qualitative psychology: Introducing radical research*. London: McGraw-Hill.
- Pennebaker, J. (1995). *Emotion, disclosure and health*. Washington, D.C.: American Psychological Association.
- Pennebaker, J. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3), 162-166.
- Pennebaker, J., Kiecolt-Glaser, J. & Glaser, R. (1998). Disclosure of traumas and immune function: Health implications for psychotherapy. In M. Runco & R. Richards (Eds.), *Eminent creativity, everyday creativity and health* (pp.287-303). New York: Praeger.
- Pennebaker, J. & Seagal, J. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology*, 55, 1243-1254.
- Peter, T. (2006). Mad, bad, or victim? Making sense of mother-daughter sexual abuse. *Feminist Criminology*, 1(4): 283-302.
- Piaget, J. (1968). Quantification, conservation, and nativism. *Science*, 162, 976-979.
- Popiel, D. & Susskind, E. (1985). The impact of rape: Social support as a moderator of stress. *American Journal of Community Psychology*, 13(6), 645-676.
- Peters, S., Wyatt, G. & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Ed.), *A Sourcebook on Child Sexual Abuse* (pp.15-59). London, UK: Sage.
- Polkinghorne, D. (1998). *Narrative knowing and the human sciences*. Albany, NY: State University of New York Press.
- Povey, D., Coleman, K., Kaiza, P. & Roe, S. (2009). *Homicides, firearm offences and intimate violence 2007/2008, 3rd ed*. London, UK: Home Office Statistical Bulletin.
- Preece, J. (1999). Empathic communities: balancing emotional and factual communication. *Interacting with Computers*, 12(1), 63-77.
- Preece, J. & Ghozati, K. (1998). Observations and Explorations of Empathy Online. In. R. Rice & J. Katz, *The Internet and Health Communication: Experience and Expectations* (pp. 237-260). Thousand Oaks, CA: Sage.

- Procidano, M. & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology*, 11, 1-24.
- Raine, N. (1999). *After silence: Rape and my journey back*. New York: Three Rivers Press.
- Rappaport, J. (1993). Narrative studies, personal stories, and identity transformation in the mutual help context. *Journal of Applied Behavioral Science*, 29, 239-256.
- Ravert, R., Hancock, M., & Ingersoll, G. (2004). Online forum messages posted by adolescents with type 1 diabetes. *Diabetes Education*, 30(5), 827-834.
- Reich, N. (2002). Towards a rearticulation of women as victims: A thematic analysis of the construction of women's identities surrounding gendered violence. *Communication Quarterly*, 50(3): 292-311.
- Resnick, H., Acierno, R., Holmes, M., Dammeyer, M. & Kilpatrick, D. (2000). Emergency evaluation and intervention with female victims of rape and other violence. *Journal of Clinical Psychology*, 56(10), 1317-1333.
- Richter, N., Gorey, K. & Snider, E. (2001). Guilt, isolation and hopelessness among female survivors of childhood sexual abuse: Effectiveness of group work intervention. *Child Abuse and Neglect*, 25, 347-355.
- Riffenburgh, R. (2005). *Statistics in Medicine*. Burlington, MA: Academic Press.
- Riessman, C. (1993). *Narrative Analysis*. London: Sage.
- Riessman, C. (1994). *Qualitative Studies in Social Work Research*. London: Sage.
- Riessman, C. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Riva, G. (2002). The sociocognitive psychology of computer-mediated communication: The present and future of technology-based interactions. *Cyberpsychology and Behavior*, 5(6), 581-598.
- Roesler, T. & Weissmann-Wind, T. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence*, 9(3), 327-338.
- Rubin, H. & Rubin, I. (1995). *Qualitative Interviewing: The art of hearing*. London: Sage.

Ruchkin, V., Eisemann, M., & Hagglof, B. (1998). Juvenile male rape victims: Is the level of post-traumatic stress related to personality and parenting? *Child Abuse and Neglect*, 22(9), 889-899.

Saakvitne, K., Tennen, H. & Affleck, G. (1999). Exploring thriving in the context of clinical trauma theory: Constructivist self development theory. *Journal of Social Issues*, 54(2), 279-299.

Sacks, H. (1992). *Lectures on conversation*. Oxford: Blackwell.

Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research in Nursing and Health*, 23, 334-340.

Sanders, T., Field, M., Diego, M. & Kaplan, M. (2000). The relationship of Internet use to depression and social isolation among adolescents. *Adolescence*, 35(138), 237-242.

Sarason, I., Levine, H., Basham, R. & Sarason, B. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology*, 44(1), 127-139.

Sarason, I., Sarason, B., Shearin, E. & Pierce, G. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships*, 4, 497-510.

Saunders, B., Kilpatrick, D., Hanson, R., Resnick, H., & Walker, M. (1999). Prevalence, case characteristics, and long-term psychological correlates of child rape among women: A national survey. *Child Maltreatment*, 4, 187-200.

SECASA (South Eastern Center Against Sexual Assault) (2012). *Range of common issues*. Retrieved from, <http://www.secasa.com.au/pages/dealing-with-csa-at-the-point-of-disclosure/range-of-common-issues/>.

Sewell, K. & Williams, A. (2001). Construing stress: A constructivist therapeutic approach to posttraumatic stress reactions. In R. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 293-310). Washington, DC: American Psychological Association.

Shaw, L. & Grant, L. (2002). Users divided? Exploring the gender gap in Internet use. *CyberPsychology and Behavior*, 5(6), 517-527.

Sherman, R. (2001). The Mind's Eye in Cyberspace: Online Perceptions of Self and Others. In G. Riva & C. Galimberti (Eds.), *Towards Cyberspsychology: Mind, Cognition, and Society in the Internet Age* (pp. 53-73). Washington, D.C.: IOS Press.

Sluzki, C. (1992). Transformations: A blueprint for narrative changes in therapy. *Family Process*, 31, 217-230.

- Spitzberg, B. (1999). An analysis of empirical estimates of rape and sexual coercion. *Violence and Victims*, 14, 241-260.
- Steiner, P. (July 5, 1993). On the Internet, nobody knows you're a dog (cartoon). *The New Yorker* (vol. 69). New York: Conde Nast Digital.
- Stewart, M. (1993). *Integrating Social Support in Nursing*. New York: Sage.
- Struckman-Johnson, C. (1988). Forced sex on dates: it happens to men, too. *Journal of Sex Research*, 24, 234-240.
- Sullivan, C. (2003). Gendered cybersupport: A thematic analysis of two online cancer support groups. *Journal of Health Psychology*, 8(1), 83-104.
- Surviving to Thriving (2002). *Healing*. Retrieved from <http://www.survivingtothriving.org/healing>.
- Tanis, M. (2007). Online social support groups. In A. Joinson, K. McKenna, T. Postmes, & U. Reips (Eds.), *Oxford Handbook of Internet Psychology* (pp. 137-152). Oxford, UK: Oxford University Press
- Taylor, T. (1999) Life in virtual worlds: Plural existence, multimodalities, and other online research challenges. *American Behavioral Scientist*, 43(3), 436-449.
- Terry, K. & Tallon, J. (2004). Child sexual abuse: A review of the literature. In John Jay College Research Team, *The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States, 1950-2002*. Washington, DC: United States Conference of Catholic Bishops.
- Thoits, P. (1982). Conceptual, methodological, and theoretical problems in studying social support as a buffer against stress. *Journal of Health and Social Behavior*, (23)2, 145-159.
- Thoits, P. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology* 54(4), 416-423.
- Thoits, P. (1995). Stress, coping and social support processes: Where are we? What next? *Journal of Health and Social Behavior (Extra Issue)*, 53-79.
- Thompson, M. (2000). Life after rape: A chance to speak? *Sexual and Relationship Therapy*, 15(4): 325-343.
- Thomsen, S., Straubhaar, J. & Bolyard, D. (1998). Ethnomethodology and the study of online communities: exploring the cyber streets. *Information Research*, 4(1). Retrieved from: <http://informationr.net/ir/4-1/paper50.html>.
- Tjaden, P. & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence*

Against Women Survey. Washington, DC: US Department of Justice.

Todd, Z., Nerlich, B. & McKeown, S. (2004). Introduction. In Z. Todd, B. Nerlich, S. McKeown, & D. Clarke (Eds.), *Mixing methods in psychology: The integration of qualitative and quantitative methods in theory and practice* (pp. 3-16). Hove, UK: Psychology Press.

Tourangeau, R. & Smith, T. (1998). Collecting sensitive information with different modes of data collection. In M. Couper, R. Baker, J. Bethlehem, C. Clark, J. Martin, W. Nicholls, & J. O'Reilly (Eds.), *Computer Assisted Survey Information Collection* (pp. 431-454). New York: Wiley & Sons.

Tremblay, C., Hebert, M. & Piche, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse and Neglect*, 23(9), 929-945.

Trickett, P. (1997). Sexual and physical abuse and the development of social competence. In S. Luthar, J. Burack, D. Cicchetti, & J. Weisz (Eds.), *Developmental psychopathology: Perspectives on adjustment, risk and disorder* (pp. 390-416). Cambridge: UK: Cambridge University Press.

Trickett P., McBride-Chang C., & Putnam, F. (1994). The classroom performance and behavior of sexually abused females. *Development and Psychopathology*, 6, 183-94.

Truman, J. & Rand, M. (2010). *National Crime Victimization Survey: Criminal Victimization, 2009*. Washington, D.C.: US Department of Justice, Bureau of Justice Statistics.

Turell, S. & Armsworth, M. (2003). A log-linear analysis of variables associated with self-mutilation behaviors of women with histories of child sexual abuse. *Violence Against Women*, 9(4), 487-512.

Turner, C., Forsyth, B., O'Reily, J., Cooley, P., Smith, T., Rogers, S., & Miller, H. (1998). Automated self-interviewing and the survey measurement of sensitive behaviors. In M. Couper, R. Baker, J. Bethlehem, C. Clark, J. Martin, W. Nicholls II, & J. O'Reilly (Eds.), *Computer assisted survey information collection* (pp. 455—473). New York: Wiley.

Turner, C., Ku, L., Rogers, S., Lindberg, P., Pleck, J., & Sonenstein, F. (1998). Adolescent sexual behavior, drug use, and violence, increased reporting with computer survey technology. *Science*, 280, 867-873.

Ullman, S. (1999). Social support and recovery from sexual assault: A review. *Aggression and Violent Behavior*, 4(3), 343-358.

Ullman, S. (2010). *Talking about sexual assault: Society's response to survivors*. Washington, DC: American Psychological Association.

- Valentiner, D., Foa, E., Riggs, D., & Gershuny, B. (1996). Coping strategies and posttraumatic stress disorder in female victims of sexual and nonsexual assault. *Journal of Abnormal Psychology, 105*(3), 455-458.
- Von Fraunhofer, N. (2006). Working with the victims: Adult survivors of child sexual abuse. *Psychiatry, 5*(7): 248-250.
- Weare, C. & Lin, W. (2000). Content analysis of the World Wide Web: Opportunities and challenges. *Social Science Computer Review, 1*(3), 272-292.
- Weber, R. (1990). *Basic Content Analysis, 2nd ed.* Newbury Park, CA: Sage.
- Weinberg, N., Schmale, J., Uken, J., Wessel, K. (1996). Online help: cancer patients participate in a computer-mediated support group. *Health and Social Work, 21*, 24-29.
- Weiss, R. (1968). Issues in holistic research. In H. Becker, B. Geer, D. Riesman, & R. Weiss (Eds.), *Institutions and the Person* (pp.342-350). Chicago: Aldine.
- Weiss, R. (1973). *Loneliness: The experience of emotional and social isolation.* Cambridge, MA: M.I.T. Press.
- West, J. (1999). (Not) talking about sex: youth, identity and sexuality. *Sociological Review, 47*(3), 525-547.
- White, M. (1989). *Selected papers.* Adelaide, Australia: Dulwich Centre Publications.
- White, M. (1995). *Re-authoring lives: Interviews and essays.* Adelaide, Australia: Dulwich Centre Publications.
- White, M. & David, E. (1990). *Narrative means to therapeutic ends.* New York: W. W. Norton & Company.
- Widdicombe, S. & Wooffitt, R. (1995). *The language of youth subcultures: Social identity in action.* London: Harvester Wheatsheaf.
- Williams, G. (1984) The genesis of chronic illness: Narrative re- construction. *Sociology of Health & Illness, 6*(2), 175-200.
- Winzelberg, A. (1997). The analysis of an electronic support group for individuals with eating disorders. *Computers in Human Behavior, 13*, 393-407.
- Wyatt, G. (1990). The aftermath of child sexual abuse of African American women: The victim's experience. *Journal of Family Violence, 5*, 61-81.

Wyatt, G. & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. *Journal of Counseling and Clinical Psychology*, 58, 758-767.

Yalom, I. (1995). *The Theory and Practice of Group Psychotherapy*, 4th edition. New York: Basic Books.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215-22.

Yarrow Place (2005). *Coping After Sexual Assault: Feeling and reactions*. Retrieved from:
http://www.yarrowplace.sa.gov.au/pdf/coping_after_sexual_assault.pdf.

Yeager, J. & Fogel, J. (2006). Male disclosure of sexual abuse and rape in primary care. *Topics in Advanced Practice Nursing eJournal*, 6(1). Retrieved from:
<http://www.medscape.com/viewarticle/528821>.

Young, R. (2008). What is meant by reflexivity in the context of ethnographic research? Does reflexivity have limits? Essex, UK: University of Essex. Retrieved from
http://www.essex.ac.uk/sociology/student_journals/UG_journal/UGJournal_Vol1/RebeccaYoung_SC203_2008.pdf.

Young, S. & Maguire, K. (2003). Talking about sexual violence. *Women & Language*, 26(2): 40-52.

Yuan, N., Koss, M., & Stone, M. (2006). *The Psychological Consequences of Sexual Trauma*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Available from: http://new.vawnet.org/category/Main_Doc.php?docid=349.

Zickuhr, K. & Smith, A. (2012). *Digital differences*. Pew Internet & American Life Project. Retrieved from,
<http://pewInternet.org/Reports/2012/Digital-differences/Main-Report/Internet-adoption-over-time.aspx>.



Appendices

Appendix A: Introductory recruitment message posted to the online support site

Post title: Sexual Violence study participants needed

Message body:

Hi all, I am a graduate student in psychology at the University of Cork in Ireland who is interested in speaking to survivors of sexual violence via online interviews. The purpose of my research is to explore survivors' perspectives on their social support experiences while coping with sexual violence.

The social support that people receive after a trauma, such as rape or sexual abuse, is an important factor in helping them to cope. However, very little investigation has been undertaken to look at this. This study will examine the role of friends, families, partners, and other people in how survivors cope with the kind of trauma you experienced. You will not be asked for details about your sexual assault experiences – questions will focus on your social supports and you will be asked to complete a brief background questionnaire.

If you are willing to share your experiences with me in an online interview, please email me at j.c.yeager@mars.ucc.ie and we can arrange a time to chat. Please be assured that your privacy and confidentiality are guaranteed, and that you do not need to disclose any personal or identifying information to participate. Your participation in this study is voluntary and you may refuse to answer any question and stop the interview at any time. Please note that you must be 18 years old or over to participate.

I will consider your email to participate in this study as an acknowledgement of your consent to participate. I will not require you to sign an informed consent form, as that would require you to disclose your identity. Therefore, if you have any questions about the project, please contact me at the Psychology Department, University College, Cork, Ireland or by email at j.c.yeager@mars.ucc.ie.

Thank you for considering participating in this study. Your input and point of view is important and very much appreciated.

Sincerely,
Jennifer Yeager
j.c.yeager@mars.ucc.ie

Appendix B: Interview schedule

1. How old were you when the assault(s) happened? Did you tell anyone?
Who was the first person you told? When?
 - a. If waited a long time to tell someone: Why did you wait?
 - b. If you did not tell anyone about the assault why not?
 - i. Were you worried about their reaction? That they wouldn't understand? That they may blame you somehow?
 - ii. Would you have liked to tell someone (Who?)
 - c. What did the person you told say/do? What was their reaction?
 - d. How did this make you feel?
 - e. Were you glad or did you regret telling them?
2. How about your family...? What did you tell them?
 - a. In what ways was your family (father/mother/siblings) helpful/supportive after the assault?
 - b. In what ways were they not?
 - i. What were the least/most helpful things your family have done?
 - ii. Was there anything else you wish your family had done or said?
 - iii. Do you think you could have dealt with the assault better with [more] support from your family?
 - iv. How did/does your family relate to your experience now?
 - v. Do you think your relationships with your family changed afterwards?
3. How about your friends...? What did you tell them?
 - a. In what ways were your friends helpful/supportive after the assault?
 - b. In what ways were they not?
 - i. What were the least/most helpful things your friends have done?
 - ii. Was there anything else you wish your friends had done or said?
 - iii. Do you think you could have dealt with the assault better with [more] support from your friends?
 - iv. How did/does your friends relate to your experience now?
 - v. Do you think your relationships with your friends changed afterwards?
 1. How do you treat your male friends?
4. Did you have a partner at the time of the assault?/Are you still with that person?
 - a. Did the assault affect your relationship? How/why?
 - b. In what ways was your partner helpful/supportive after the assault?
 - c. In what ways were they not?

- d. What were the least/most helpful things your partner has done?
 - e. Was there anything else you wish your partner had done or said?
 - f. Do you think you could have dealt with the assault better with [more] support from your partner?
 - g. Do you think your relationships with your partner changed afterwards?
 - i. How did/does your partner relate to your experience now?
- 5. Overall, do you think you could have dealt with the assault without any help?
- 6. What about any other support networks that you have used - counselors, doctors, etc.?
- 7. What do you think is most important in helping you cope with and get over the assault?
 - a. Are you helped in this?
- 8. Do you think you have changed as a result of your experiences? How/why?
- 9. Is there anything else you would like to say about your experience?
- 10. Why do you use the rape support website?
 - a. How often?
 - b. How did you find it?
 - c. How important has this been to you? In what ways?
- 11. Do you think you prefer being interviewed over the Internet or face-to-face? Why or why not?

Appendix C: Survey of background information

1. Age
2. Cultural group
3. Relationship status
4. Educational level
5. Employment status
6. Nationality
7. Relationship to perpetrator
8. Gender of perpetrator
9. Type of force used
10. Your age at the time of assault(s)
11. Approximate age of perpetrator(s)
12. Was the assault reported?

Appendix D: Moderator's message posted to the "My Voice" forum

Hi everybody,

From time to time we give permission to researchers to utilize this community to reach a sample of sexual violence survivors and supporters, as evidenced in the Research Forum. We are proud to be able to offer help to these researchers, as their study will in turn help to increase awareness of sexual violence, trauma, the healing process, and how to improve the services offered to survivors. We have agreed to allow a PhD candidate from the Psychology Department at the University of East London to collect data from this board for research into the role of online support services for survivors of sexual violence and how online services such as Survivor's Online function in order to deliver social support to members.

The data collection will take place from July 2 to July 9, during which time the researcher will have access to the My Voice forum to assess the number, frequency, and category of threads and replies that are posted. Please be assured that the *content* of your posts will at no time be evaluated, just the category that post might fall into (e.g. post asking for support, post asking for advice, post offering comfort, post offering resources, etc.) and statistical information about the frequency and style of posts. No identifying information will be collected at any stage of this research. The researcher would also like to use a small number of quotes (in the area of 10-20) as examples of the kinds of posts she is discussing - if your post is one that the researcher would like to use, you will be given the chance to decline. Lastly, only posts that are made during the period of data collection will be counted and categorized. For those of you who are uncomfortable with this research taking place, you have the option of instead posting in forums other than My Voice during this time, using the PM system, and of course the chat room.

We have attached below a letter from the researcher herself, for further clarification. If you have concerns or queries about any of this, please do not hesitate to contact any member of the moderating team.

Take care,

The Moderators

Quote

Hi members,

My name is Jennifer Yeager. I am a PhD candidate and I am also a psychology lecturer and part-time volunteer counselor at my local rape and sexual abuse center.

My PhD research is investigating the role and format that online support forums play in providing social support to survivors. In particular, I am investigating

how the sites function and how survivors use the sites to gain support while coping with sexual violence.

I strongly feel that this area of research is extremely important and necessary to inform mental health practitioners, policymakers, and survivors themselves about the role of online forums in providing the essential social support needed after experiencing trauma. This knowledge can help shape future interventions and therapies for helping survivors. This additional knowledge is particularly important when sexual violence is such a silencing and hidden crime.

I am therefore asking for your support in completing the final study for my PhD research. Your voices are the expert knowledge! Thank you for considering my request.

Best,

Jennifer Yeager

Appendix E: Post requesting participants for study three

The social support that people receive after a trauma, such as rape or sexual abuse, is an important factor in helping them to cope. However, very little investigation has been undertaken to look at this.

This study will examine the role of the Internet and online social support communities in how people cope with the kind of trauma you experienced.

As a researcher in the area, I am asking for your help with this project. I would appreciate it if you would take about 30 minutes to respond to this questionnaire. Your responses, together with others, will be combined and used for statistical summaries - your responses will not identify you as an individual.

Please remember that your participation in this study is voluntary and you may refuse to answer any question. However, your complete responses will be very helpful and will help me to learn from and understand your experiences.

Special precautions have been established to protect the confidentiality of your responses. The questionnaire does not ask for your identifying information (i.e. name, address, etc.), and only the people involved with this study will have access to the data.

You must be 18 years old or over to complete this survey.

If you have any questions about the project, please contact me at the Psychology Department, University College, Cork or by email at j.c.yeager@mars.ucc.ie.

The survey will remain open for 2 weeks from the date of this posting and is available at:

<http://www.surveymonkey.com/s/Internetsupport>

Your input and point of view is important and very much appreciated.

Sincerely,

Jennifer Yeager

Appendix F: Complete list of forums on Survivors Online

The Main Area

- Announcements
- My voice
- My story
- Introduce yourself
- My life

Reaching Out

- Moving forward
- Healing together
- Survivor communities
- Men's forum
- Women's forum
- Ritual abuse survivors
- Teens & younger survivors
- J.O.Y group (for older survivors)
- Survivors & education
- LGBT & Questioning
- DID support forum
- Survivors with disabilities
- Survivor creativity
- Research, activism and speaking out

The Aftermath

- Types of sexual assault
- discussions
- Nightmares, flashbacks, anniversaries & other triggers
- Self-injury
- Spirituality
- Mental wellness
- Disordered eating & body image
- Sex & intimacy
- Relationships
- Pregnancy & parenting
- Well and whole
- Pursuing legal action

Beyond Survival

- Current events
- Entertainment
- Fun

Public forums

- Wonderful threads
- Resources
- Essays & articles

Administration

- Rules, guidelines and terms of service
- Chat
- Board basics & tutorials
- Questions, suggestions, concerns
- Help desk

Appendix G: Brief explanation of thematic categories

| THEME | EXPLANATION OF THEME |
|------------------------------|--|
| Advantages | |
| Accessibility | |
| Convenience | 24 hour access, 7 days a week |
| Lack of physical barriers | Time, distance and physical disabilities are immaterial |
| Accessing other survivors | Ability to have access to a large number of fellow survivors |
| Wide range of experiences | Site afford access to survivors with a wide variety of advice, information, etc. |
| Anonymity | |
| Anonymity | Ability to remain unidentifiable |
| Candid/honest posts | Anonymity allows for people to be more honest in their posts |
| Support | |
| Emotional | Feeling accepted and emotionally supported |
| Informational | Gaining access to important information |
| Control | |
| Control | Being able to sign off or walk away |
| Writing | Being able to consider and edit what is posted on the site in your own time |
| Disadvantages | |
| Lack of physicality | Not being able to receive real hugs, etc. |
| Negative content | |
| Overwhelming content | Being triggered by descriptive and traumatic posts |
| Harmful people | The chance of interacting with someone who is there to take advantage of others |
| Negative features of support | |
| Overreliance | The potential to become “addicted” to the online support |
| Reduced quality | The sense that online support is in some way inferior to traditional friendships, etc. |

Appendix H: Fieldnote excerpts

Three sample excerpts have been presented here, at various stages of the research, to illustrate my field experience.

Excerpt 1: Entrée/becoming informed

June 21, 2005

I logged two hours today on the site. I spent approx. 30 minutes reading through the last three months' posts on the research page. There seem to be a core group of about 10 site members who respond to any posts here – I don't think requests for study participation are going to get many views here (only 30 pages total dating back to 2001?). Perhaps consider emailing the moderators directly to "advertise" the study? Most of the posts are from survivors (not people as identifying as researchers)...a concern that I will be treated with suspicion, as I am not a "fellow survivor". Very few requests for academic work. This is either positive (group is not exhausted with constant requests) or negative (that I am an outsider, etc.). Consider framing the research request as a very positive action for the members, helping future knowledge, etc. **NOTE – emphasize anonymity in post!

A LOT of requests for survivor stories for various books (I assume self-published, definitely do not appear to be academic in nature). Also true for links to survivor webpages. Having visited a few I am very surprised by how open and "frank" people are about telling such details of their abuse experiences. Makes me wonder about the triggering effects this has to have on people. There is a strong temptation to keep reading these personal experiences and I question how a vulnerable person would respond if I find them very dark and troubled.

Another random observation – I find people's screennames very interesting and informative. Is there a possible other follow-up study here? ☺ Names like

xxxxxxx and xxxxx⁴⁹...all very suggestive of a strong “survivor” identity.
Another form of empowerment?

I am worried about how open survivors will be as I do feel like an outsider “lurking” into another world. I realize this is the point of entrée (and becoming acclimatized), but it feels very voyeuristic, as the group isn’t aware necessarily that I am reading their messages, posts, etc. There is definitely a sense of us against them (us = survivors, them = non-survivors who can’t relate to us). I am not sure how to combat these potential issues yet...

Excerpt 2: Interview with Tim

March 3, 2006

I just finished my online interview with Tim, which lasted nearly two hours. I really enjoyed this process, which I am sure was helped along by Tim’s very calm and open personality, as well as his own personal interest in psychology. Although, this also highlights how people who are supportive of the research process self-select to participate in interviews, but it was an enjoyable “chat” all the same! In contrast to the women I have previously interviewed Tim seems so much more calm and “in control”...this may also have to do with the fact that Tim is older and has had a longer time to cope and deal with his experiences. Note: Would be interesting to do a narrative analysis comparing the same person at different stages of their coping process in the future!

I couldn’t help but feel sympathy towards Tim and to have a growing respect for his relatively happy outlook on life despite his experiences. Interestingly, the most emotional response I had during the interview was when Tim described the ridiculously ill-informed and damaging response of the army therapist. I assume this is probably because the person I can most closely identify with in Tim’s story is the mental health professional. I felt quite angry that this person was being paid to incorrectly inform (and further traumatize!) survivors. I do accept that Tim’s

⁴⁹ Screennames have been removed to protect members’ anonymity.

experiences were a long time ago – and that our understanding of male survivors has progressed significantly – but it does amaze me that Tim was able to pursue therapy again after his experiences.

Interestingly, issues of sexuality were pertinent for Tim (which weren't previously for any of the women). Even as we are typing back and forth to each other I was simultaneously interacting with the responses and considering my follow-up questions while starting to already consider Tim's life story analytically. It's hard to turn off that part of my brain!

Excerpt 3: Data collection for study 2

January 17, 2007

The mods granted me full access to the site today so that I can begin data collection for study 2. I didn't realize how many forums there actually are on here! It really is overwhelming. I think if I logged on here for the first time as a survivor and saw the huge amount of topics, etc. it would actually do the opposite of comforting me. I think I would look at the number of possible issues (and ways that sexual violence had affected me!) and think "I am never going to cope with this; it will be with me forever in every area of my life". It strikes me that the public forums you can view before logging in have a very positive focus (topics like "entertainment", "fun", "reaching out", and "wonderful threads") - and then WHAM! – you log in, only to be confronted with an enormous lists of threads, some titled "nightmares, flashbacks, anniversaries and triggers", "disordered eating & body image" or "pursuing legal action". Although, maybe that's just my perspective...maybe to a survivor this is wonderful that there are so many avenues of support and whatnot.

The mods granted me access to the "my voice" forum, which is very actively utilized and populated. I am very excited about the data I will be able to access here for social support content. Can't wait to get started! I spent about an hour reading through past posts and it is really amazing how fast people receive responses to their posts (which are generally reaching out for comfort or understanding). It

seems both a wonderful additional support and also quite dangerous in that there would be a strong attraction to this site taking over as a main source of support. There really is such a strong feeling of community here. I also haven't noted any incidences of flaming or "unsupportive" responses ←interesting!

Since I received access to all forums I have also spent over an hour today reading through posts in the "my story" forum. I'm not sure what I think here. It is horribly tempting to be voyeuristic (and where is that coming from – my research interest? Natural human curiosity? – it reminds me of gawkers' delay at a car accident!). I am simultaneously overwhelmed by the awful and tragic experiences of these survivors, as well as being aware that I feel very distant from it. I mean that in the sense that my own life is so far removed from what these people are experiencing on a daily basis that I question the whole notion of "sympathy". I have recently read a number of academic papers stating that one of the attractions to online support is locating other survivors who have experienced similar situations – it makes sense to me that the support and sympathy from a "fellow survivor" has to be categorically different than from a "non-survivor". But – from my perspective as a researcher - does this help me to be more open to potential analyses as I would have "less" personal experience?? BUT - as a friend told me last week – "you don't have to have cancer to help treat it or support someone through it".

On the flip side, while I am amazed at the brutality people have experienced, I am not overwhelmed by it. Only today I was reading Rebecca Campbell's paper describing how people who work with survivors are at risk for similar sequelae (anxiety, fear, depression, exaggerated startle response, difficulty sleeping, nightmares, etc.). I have spent a lot of time over the last few years directly involved with survivors and rather than experiencing these reactions I am able to sympathize and concentrate on how my volunteering and research is hopefully helping these people cope with their experiences. I wonder – should I be experiencing more secondary trauma? These stories are very graphic and almost unreal in places. It brings me back to the same issue I have noted all along – is it a good thing for a vulnerable person to be reading these? I notice that for each person's story there are about 10 replies roughly, but around 100 views. This

obviously shows that people are actively lurking in the forum and reading these stories. I would love to research this forum, but that's for another time!

Appendix I: Ethical approval form



Tel: (021) 4904551/4904552
Fax: (021) 4270439
E-Mail: stay8002@ucc.ie

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

ROINN NA SíCEOLAÍOCHTA FEIDHMÍ
Department of Applied Psychology

Website: <http://www.ucc.ie/ucc/depts/psych/>

RESEARCH PROJECT INVOLVING THE PARTICIPATION OF PEOPLE

ETHICS DECLARATION

Student: JENNIFER YEAGER

Supervisor: DR. ELIZABETH DUNNE

Title of Project: *The Use and Evaluation of the Formal and Informal Services/Supports by Survivors of Rape and Sexual Abuse*

Declaration by Supervisor

I have reviewed the attached checklist with this student and we have discussed any critical issues arising. Where there have been particularly complex issues, we have sought the opinion of another staff member (give name if appropriate) **Dr. John McCarthy** who agrees with our solution and has signed off to this effect below.

Signature of Supervisor: *Elizabeth D. Dunne* Date: 5 Sept. 2005

Signature of Consulted Staff Member: *John McCarthy* Date: 5 Sept 2005

Appendix J: Study 2 worked example of coding process

Appendix J provides a worked example of the coding process employed in study 2. Study 2 employed directed content analysis (as it is directed by an existing coding framework). The Social Support Behavior Code (Cutrona & Suhr, 1992) is previously presented in table 5.1. This appendix will provide a worked example of how a post from study 2 was coded via directed content analysis.

Posts were initially read in their entirety multiple times to become familiar with the overall content. Posts were then revisited and initially coded based on the identification of comments reflecting the overall main 5 codes identified by the framework (information, esteem, network, emotional, and tangible support). If a post contained content reflecting more than one category it was coded into multiple categories (see example below).

Finally, the text is again revisited in order to code the data assigned into the 5 overall categories into the 22 subcategories (see table 5.1) (see worked example below).

1. The following post is one of the 755 posts coded in this study:

Group:Member
Posts:150
Joined:18-April 10
Posted 03:21 PM
(name deleted),

I'm sorry but that was definitely rape. Even legally, being intoxicated means you cannot consent and means that there was no way he could have legally gotten consent from you, therefore it was rape. Your feelings should prove to you that you were violated and wronged. I'm sorry that this happened to you and hope you can heal from this traumatic event.

"It does not do to dwell on dreams and forget to live." -j.k. rowling

Report
MultiQuote
Reply

2. Here is the following quote marked during the coding process:

Group: Member
Posts: 150
Joined: 18-April 10
Posted 03:21 PM
(name deleted),

Sympathy
I'm sorry but that was definitely rape. Even legally, being intoxicated means you cannot consent and means that there was no way he could have legally gotten consent from you, therefore it was rape. Your feelings should prove to you that you were violated and wronged. I'm sorry that this happened to you and hope you can heal from this traumatic event. *teaching - information*

Relief of blame
↓
guilt

Redefines situation

Validation (agree with feelings)

Sympathy
Sorrow

Encouragement - hope for future

"It does not do to dwell on dreams and forget to live." -j.k. rowling

Report
MultiQuote
Reply

Information - situational app teaching

Esteem - Validation
Relief of blame

Emotional - Sympathy
Encouragement

3. The table below provides a description of the support type and purpose of communication depicted in table 5.1 (Cutrona and Suhr's 1992 Social Support Behavior Code), along with the excerpt from the post above that corresponded to the assigned code:

| Support type | Purpose of communication | Post excerpt |
|-----------------------|---|--|
| Situational appraisal | Reassesses or redefines the situation | I'm sorry but that was definitely rape. |
| Teaching | Provides detailed information, facts, or news about the situation or about skills needed to deal with the situation | Even legally, being intoxicated means you cannot consent and means that there was no way he could have legally gotten consent from you, therefore it was rape. |
| Validation | Expresses agreement with the recipient's perspective on the situation | Your feelings should prove to you |
| Relief of blame | Tries to alleviate the recipient's feelings of guilt about the situation | You were violated and wronged |
| Sympathy | Expresses sorrow or regret for the recipient's situation or distress | I'm sorry that this happened to you |
| Encouragement | Provides the recipient with hope and confidence | Hope you can heal from this traumatic event. |

Appendix K: Study 2 additional statistical information

Comparison of two proportions (a two-proportion z-test)

A comparison of two proportions (a two-proportion z-test) was used to compare the results in study 2 to the results of the studies presented in tables 5.6 and 5.7. This test was appropriate as the samples compared (i.e. the results of the present study and the results across the other three studies) are independent of each other. The two-proportion z-test determines whether the difference between two proportions is significant. In this case, the test was measuring whether the sample in the present study was different to the samples in the other three studies across the rates of emotional, informational, esteem, network and tangible support reported.

The z-test is suited to large populations (and is therefore appropriate for the large number of codes in study 2) and is designed to determine which population is “superior” to the other by assessing the probability that the observed results could have occurred by chance (Lachin, 2011). The z-test is one of the most commonly used tests in research and is generally used to compare the mean of a sample to a hypothesized mean for the population in case of a large sample (Altman, 2000). The test is also used to judge the significance of difference between means of two independent samples (as was the case in the study 2 where the results of study 2 were compared to the independent samples of the other three studies).

Appendix L: Study 3 survey

PAGE 1

Internet Usage Survey

[Exit this survey >>](#)

The social support that people receive after a trauma, such as rape or sexual abuse, is an important factor in helping them to cope. However, very little investigation has been undertaken to look at this.

This study will examine the role of the Internet and online social support communities in how people cope with the kind of trauma you experienced.

As a researcher in the area, I am asking for your help with this project. I would appreciate it if you would take about 30 minutes to respond to this questionnaire. Your responses, together with others, will be combined and used for statistical summaries - your responses will not identify you as an individual.

Please remember that your participation in this study is voluntary and you may refuse to answer any question. However, your complete responses will be very helpful and will help me to learn from and understand your experiences.

Special precautions have been established to protect the confidentiality of your responses. The questionnaire does not ask for your identifying information (i.e. name, address, etc.), and only the people involved with this study will have access to the data.

You must be 18 years old or over to complete this survey.

If you have any questions about the project, please contact me at the Psychology Department, University College, Cork or by e-mail at j.c.yeager@mars.ucc.ie.

Thank you for taking the time to complete this packet. Your input and point of view is important and very much appreciated.

Sincerely,

Jennifer Yeager

[Next >>](#)

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

PAGE 2

Internet Usage Survey

Exit this survey >>

These questions are only used for statistical purposes and will NOT identify you in any way.

1. What is your gender?

☐ Male ☐ Female

2. Please state your nationality (i.e. Irish, American, etc.)

3. Please provide your GENERAL location (i.e. county, state, etc.)

4. What is your ethnic group (i.e. White/Caucasian, Black, Asian, etc.)?

5. Please indicate your highest completed education level

☐ Junior Cert./Some high school ☐ Leaving Cert./Completed high school ☐ Some college/university ☐ Completed undergraduate course ☐ Postgraduate

6. How old were you on your last birthday?
Please write in number of years.

7. Please indicate your current occupation

☐ Employed full time
☐ Employed part time
☐ Unemployed
☐ A student and employed
☐ A student

Powered by **SurveyMonkey**
Check out our [sample surveys](#), and create your own now!

PAGE 3

Internet Usage Survey

Exit this survey >>

Please answer the following questions as they relate to your use of the Internet in healing and coping with your abuse experience(s) only.

For instance, if asked how often you access the Internet answer only in relation to how often you do so to seek aid in healing and coping and NOT in terms of how often you do so in general.

Powered by **SurveyMonkey**
Check out our [sample surveys](#), and create your own now!

Internet Usage Survey

[Exit this survey >>](#)

8. Where is the computer you usually use?

If you use more than one computer, select the one you use most often in your healing/coping.

- ☐ At home, where I live
- ☐ At a friend's or relative's home
- ☐ School, University, college
- ☐ Public library (or other free public access)
- ☐ Internet café (or other pay for use)
- ☐ At my or someone else's workplace
- ☐ Elsewhere (please specify)

9. What do you use on the Internet specifically in your healing/coping?

- ☐ Email
- ☐ Email discussion list
- ☐ Search engines (e.g. Google, Yahoo etc)
- ☐ Chat rooms
- ☐ Instant messenger (i.e. Yahoo, MSN, etc.)
- ☐ Bulletin boards or threaded discussion lists
- ☐ Self help groups
- ☐ Web phone or voice over Internet
- ☐ Web cam
- ☐ A mobile phone to receive email or browse the World Wide Web
- ☐ Other (please specify)

10. How often do you access the Internet specifically for your healing/coping?

- ☐ Once a month or less
- ☐ Once a week
- ☐ Several times a week
- ☐ Every day
- ☐ Several times a day
- ☐ Almost always online

11. My main reasons for using the Internet are (tick all that apply):

- ☐ To tell my story to others
- ☐ To compare my progress to other survivors
- ☐ To get support
- ☐ To give support
- ☐ To get information
- ☐ The sense of belonging to a community
- ☐ Having others pay some attention to me
- ☐ Being anonymous
- ☐ Being equal to others
- ☐ To meet others "like me"
- ☐ Being able to have more than one identity
- ☐ To give information
- ☐ Other (please specify)

12. Are your online interactions the same as in "real life"? If no, how do they differ?

13. Do you use the Internet for healing/coping:

| | Talking to "real-life" friends? | Visiting a therapist/counsellor/psychologist? | Reading self-help books? |
|--------------------|---------------------------------|---|--------------------------|
| more than? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| less than? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| about the same as? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. If you cannot get the help you need via the Internet, will you search it afterwards with conventional methods (i.e. therapy, talking to a crisis center, etc.)?

[<< Prev](#) [Next >>](#)

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

PAGE 5

Internet Usage Survey

[Exit this survey >>](#)

The following questions ask if using the Internet to aid in your healing/coping has changed your attitudes or behaviors.

Has using the Internet changed how satisfied you feel with your:

15. General health?

- ☐ Better
☐ No change
☐ Worse

16. Contact with family and friends?

- ☐ Better
☐ No change
☐ Worse

17. Overall happiness?

- ☐ Better
☐ No change
☐ Worse

[<< Prev](#) [Next >>](#)

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

PAGE 6

Internet Usage Survey

[Exit this survey >>](#)

18. The best things about using the Internet for healing/coping are:

19. The worst things about using the Internet for healing/coping are:

20. For me, being online is...

<< Prev Next >>

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

PAGE 7

Internet Usage Survey

[Exit this survey >>](#)

21. Is there anything else you feel is important about using the Internet to heal and cope that hasn't been asked about here?

Thank you for your time and participation!

<< Prev Done >>

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

Appendix M: Study 3 worked example of coding process

Appendix M provides a worked example of the coding process employed in study 3. The survey in study 3 asked respondents to describe the best and worst aspects of online support in their own words. This data was subsequently analyzed via content analysis. This appendix will provide a worked example for the coding process on the survey question: "The best things about using the Internet for healing/coping are..."

Firstly, all of the replies to the question were read repeatedly to achieve immersion and gain a sense of the overall content regarding the best aspects of online support. Secondly, the data is read again for a specific understanding of content where words or phrases representing fundamental concepts or online support are highlighted. The text is again read numerous times while I made notes of concepts, thoughts and initial analyses in the margins. Subsequently labels for the codes gradually emerge and the initial coding scheme is created.

These codes are then combined into categories in terms of how they are related in order to limit the developing codes. Once all of the responses in this category had been read and coded some codes were combined into meaningful clusters, creating the final coding scheme.

As can be seen in the subsequent worked example of five responses to the query, notes were made in the margins regarding the content and themes in each response. These themes were then listed and worked into a coding scheme. This was performed across all of the 163 responses to this open-ended survey question.

Internet Usage Survey

The best things about using the Internet for healing/ coping are:

| Answer Options | Response Count |
|-------------------|----------------|
| answered question | 86 |
| skipped question | 166 |

| Number | Response Date |
|--------|----------------------|
| 1 | Jun 27, 2005 6:38 PM |
| 2 | Jun 27, 2005 7:04 PM |
| 3 | Jun 27, 2005 8:35 PM |
| 4 | Jun 27, 2005 9:23 PM |

Response Text
 The lack of physical contact makes me feel safer and more free to talk about my experiences because I'm not being judged by someone who I interact with in "real life".
 you can "hide" behind the screen and maybe talk about things I normally wouldn't talk about.
 Being able to talk to different people about their experiences, and to help others. In RL, I am super shy and have a difficult time talking to people about my healing.

Topics:

- Anonymous
- Access
- Lack of physical contact
- Difficult to real life

skipped question
 judgment
 safe to
 real life
 helping
 helping vs. disclosure
 or helping reverts?
 disclosure??

Appendix N: Study 3 additional statistical information

Fisher's exact test

A Fisher's exact test was used throughout study 3 to compare the results from men and women in the sample. Fisher's exact test is a statistical test used to determine if there are nonrandom associations between two categorical variables (in this case, men and women). The test is more accurate than a chi-square when the sample numbers are small (in the dataset in study 3 the sample number of men ranges from 5-16).

The Fisher's exact test is a test of independence between categorical variables (which assesses the relationship between the two variables) (Altman, 2000). Fisher's exact is used when the chi-square cannot be applied because of low cell counts (less than five), which applies to the cell counts for many of the variables in this study. The test is calculated by statistical software packages (in this case, Minitab). The p -value gives the probability that the observed deviation from independence is due to chance, where a small p -value suggests that something other than chance is influencing the result and the two variables are not independent (Riffenburgh, 2005). Conversely, a significant p -value suggests that the variables are not independent, but the test does not calculate how closely they are associated (Riffenburgh, 2005). The p -value is interpreted in the same way as the chi square p -value.